The Diagnosis from the Eye

N. LILJEQUIST

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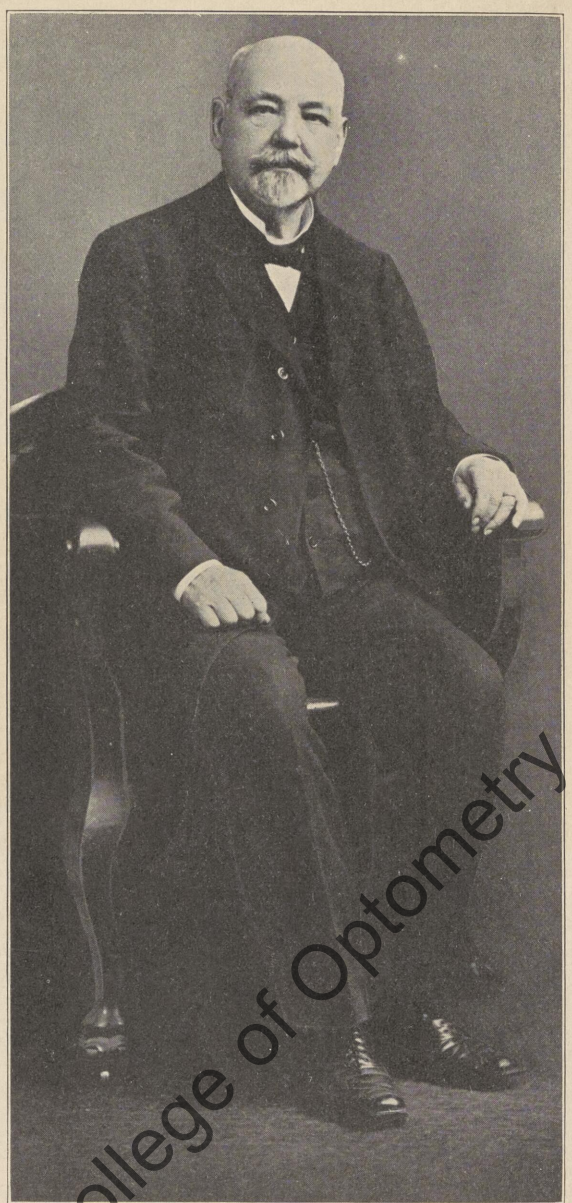
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N. LILJEQUIST
Discoverer of The Diagnosis from the Eye

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The Diagnosis from the Eye

Iridology

By N. LILJEQUIST
STOCKHOLM, SWEDEN



Translated by J. D. Larson

VOLUME I
First English Edition

The Iridology Publishing Company
Rockford, Illinois

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PREFACE

IN this, the first English translation of "The Diagnosis from the Eye," the publishers take no small degree of pleasure in presenting to the English speaking world the fruits of fifty years of painstaking labor on the part of the eminent author, scientist, lecturer, and the founder and discoverer of The Diagnosis from the Eye,—Nils Liljequist of Stockholm, Sweden.

"Men of great genius and large heart sow the seeds of a new degree of progress in the world, but they only bear fruit after many years."—Mazzini.

It is to meet a definite and growing demand that these volumes are presented.

In this work no claims are made for accuracy of literary style, the effort having been made to conform as closely as possible to the original meaning and text. Technical terminology has likewise purposely been excluded wherever practicable. In the latter respect we have conformed to the author's desire to have the subject so presented that it will be understood by the layman as well as the scientist.

While not as yet "officially" recognized, The Diagnosis from the Eye is founded on a scientific basis,—scientific, in conformity with the definition, "Science is exact knowledge of the facts of Nature systematized and classified." Thus, The Diagnosis from the Eye is within the realm of "demonstrable facts" and may be verified by all who are open minded.

"Everything new is received with contempt, for it begins in obscurity. It becomes a power unobserved."—Feuerbach.

A professor at the Karolinska Institut, Stockholm, informed the author, that, but for the fact that The Diagnosis from the Eye repudiates the vaccination of the present day, he, Liljequist, would doubtless have received the Nobel Prize for his discovery. The conscientiousness of the man is thus shown, in that he preferred to forego such an honor rather than be false to his principles.

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This strength and solidity of character is manifest in all of the author's works. In addition to his numerous works on The Diagnosis from the Eye, he has published several other scientific works of note. Liljequist has subjected every discovery to the most rigid test; has proved every finding over and over again, in some instances for years at a time, before having announced it as a scientific fact.

"The value of a principle is the number of things it will explain and there is no good theory of disease which does not suggest a cure."—Emerson.

The Diagnosis from the Eye not only discovers the cause and suggests the cure, but furnishes a reliable method of checking progress and determining the result of treatment at all times. A criterion as dependable as this is bound to eventually revolutionize therapeutics, to the end that humanity will realize that "Natura Sanat, Medicus Curat."—Nature alone cures disease, the physician simply administers the "cura" or care.

—Translator.

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General Section

CHAPTER I.

The Scope and Value of Iridology

Iridology, The Diagnosis from the Eye, is a new method of determining the state of health of man (or animals) by examination of the structure and appearance of the Iris.

It has long been known that "the eye is the window of the soul," but not until this last century was the privilege given to a certain Hungarian, together with myself, to make known and to demonstrate that the eye is likewise "the mirror of the body." For, in the eye may be read, by one who understands the significance of the signs and markings in the Iris, not only the diseases through which the individual has passed, the accidents and injuries he has incurred, the poisonous drugs administered in the attempt to cure his ailments; but likewise the general constitutional conditions of health or disease, of strength or weakness. In the eye are mirrored all the abnormal changes of the body; in the Iris is engraved the complete history of the individual's suffering.

The imperfections of the crude methods hitherto used in the diagnosis of disease (palpation, percussion, auscultation, inspection, etc.), are daily being brought to light. An ailment may manifest itself in so singular a manner that an examination by three capable physicians may result in three different and contradictory conclusions, and only the autopsy would determine which of the three was correct. A voice has already been raised urging a more reliable method of diagnosis; this voice emanating from the ruling school of medicine itself. It has been suggested, for instance, that a person psychically subjective be placed in a state of hypnosis and thereby made to reveal the disease or diseases with which a patient may be afflicted. It is, however, an act of the greatest injustice to subvert the free and independent will and rational volition of a human being to the service of a physician; it is decidedly wrong to thus sacrifice one human being to another, for the reason that an individual once hypnotized easily becomes susceptible to other influences, and he becomes an easy prey to others.[1] Furthermore, the reliability of the method

[1] For a complete exposition of the destructive principle involved in the hypnotic process, the reader is recommended to carefully read and study "The Great Psychological Crime," published by the Indo-American Book Company, Chicago, Illinois. Tr.

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is highly doubtful, as the subject being controlled by an outside intelligence, or intelligences, as a rule formulates his statements in accordance with the will or desires of such controls.

Within recent years the Roentgen Rays have been introduced as a diagnostic method. With reference to this method of diagnosis I would submit the following observations: (1) That because it is impossible to clearly see the internal structure of an organ by means of the X Rays, the exact quantity and quality of an ailment, for instance, of the lung, cannot be definitely determined, (2) That according to Professor Von Jaksch certain incurable ailments, such as Roentgenulcus, have been produced by the process. (See "Die Vergiftungen," Dr. R. Von Jaksch, 1910).

In view of these facts it would seem that "The Diagnosis from the Eye" should be received with open arms by "the progressive intelligence of the age" and by all true friends of scientific progress inasmuch as it extends to both physician and layman a most accurate and reliable method of diagnosing disease. It may be interesting to the reader to contemplate the many and varied conditions in which Iridology might be made to play a most significant role.

In the case of persons alleged to be insane and committed to detention institutions, what methods have not been applied to determine whether or not the patient is insane! Attention is directed chiefly to the actions and speech of the suspected insane individual. Should the patient attempt by force to break away from the asylum, it is adjudged a case of mania. If subdued, quiet and brooding, and seemingly resigned to his fate, it is ascribed to melancholia and despondency. If he talks incessantly of biblical subjects it is diagnosed as "religious mania." If he speculates as to whether the soul has its seat in the body, and whether it is in the brain, the heart or stomach, such cogitations can only be due to a "fixed idea." If he dares to rage at the solicitous relatives responsible for his commitment to an institution for the mentally infirm, and loudly proclaims that "none are as cruel as one's relatives," he is assuredly suffering from a form of "persecution mania." Should he talk volubly about what he should do were he in the position of a president or a king, then, of course, it is a "mania of ambition." Furthermore, one authority may pronounce the patient's condition as being very serious while another may declare that even perfectly sane persons sometimes conduct themselves in a manner even more unseemly. As to the

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Iridologist, he may smile at the controversy of the learned alienists. One look into the eyes is sufficient for him to determine with certainty whether the patient is insane or has tendencies to insanity.

Assuming, for example, the case of a woman suffering with a serious pelvic disorder, all medical works state that she should not allow "false modesty" to stand in the way of an examination by a physician. We believe, nevertheless, that it is repugnant to her womanly modesty. No one should censure her therefor; local examinations must be more or less humiliating to a woman. Whereas, if she were aware that the physician would be able to determine the cause and nature of her ailment merely by examination of the Iris of the eye with the aid of a magnifying lens, her womanly sensitiveness would not at all be wounded by such a procedure. We have been given to understand that many women contemplating life insurance have demurred when confronted by the necessity of examination by a physician.

As regards life insurance, the Insurance Companies would be not the least to benefit by the adoption of Iridology as a method of diagnosis in all cases. Comment has frequently been made that individuals declared perfectly healthy by the examining physician, have not attained by far the length of life of others, who, afflicted with serious ailments, could be insured only by paying a very high premium. Frequently the honesty of the examining physician has been unjustly suspected, but the fault lies in the limitations of the old methods of diagnosis. There are individuals, who, in spite of the appearance of blooming health, and without being afflicted with any specially defined disease have nevertheless a delicate constitution. Should such a person be stricken with a serious ailment he would very easily succumb. On the other hand, there are to be found many, suffering with diseases considered by physicians as decidedly serious or even incurable, —for example, Bright's Disease, who, by proper treatment, recover, and attain a great age in spite of the malady. And why? They possess a strong constitution; they are people of "the first class." The Diagnosis from the Eye enables the physician to accurately determine the constitution of the patient, and, in an absolutely dependable manner, to judge the "prospect of life" of the individual, provided, of course, that no untoward accidents intervene.

It is well known that in Sweden prospective recruits for the army try to evade their responsibilities as "defenders of the

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realm" by shamming illness and deformities, such as nearsightedness, deafness, lameness, etc. Each year the newspapers contain accounts of pretences of this kind which have failed because of the diagnostic cleverness of the examining physician, but nothing is said as to those cases wherein the ruse succeeded. As a case in point the following amusing incident may be of interest. A militiaman was late for review. Comrades, seeing him at a distance called to him to make haste. He began to run at top speed and on reaching the barracks, disrobed and presented himself for examination by the surgeon. "Does your heart always beat so heavily?" asked the physician. "Yes," answered the young man. "You may be excused," concluded the doctor. The young man was highly elated at this. He had previously often wondered whether it would not be possible to feign some ailment in order that he might evade military service, but it had never occurred to him that by running swiftly a palpitation of the heart could be induced, and that this "palpitation" would be considered by the army surgeon as a sign of heart disorder. An Iridologist would not have been so readily deceived by that sort of ruse. In another instance a private at militia-muster reported that he was afflicted with epilepsy. The army surgeon demanded that the young man furnish a certificate signed by two reputable men of his parish testifying to that effect. The surgeon was unable by means of his diagnostic methods to determine whether the man spoke the truth or had merely assumed the ailment. An Eye Diagnostician, on the other hand, had merely to examine the left eye of the private, and would thus immediately have determined whether the man bore the sign of epilepsy in the Iris.

In conclusion, provided we are not related to that tribe of "scientific animal tormentors" who are totally bereft of all sympathy with the sufferings of dumb brutes, we should be gratified to learn that Iridology may be developed to reveal the diseases of animals, and that veterinarians may likewise learn to rightly read the signs of disease registered in the eyes of animals. This should be of so much greater value inasmuch as our four-footed friends are unable to verbally give expression as to their ailments.

This brief dissertation should be sufficient to give the reader a comprehensive idea of the scope and significance of The Diagnosis from the Eye.

"Wonderful are Thy works, O Lord,
and that my soul knoweth right well."

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CHAPTER II.

The Discovery of Iridology, and the Two Discoverers

As with nearly all great and epoch-making discoveries, a seemingly accidental and insignificant incident paved the way to them, so, too, was it with the discovery of The Diagnosis from the Eye. The modest circumstance, in the role of an accident, is as follows:

An eleven-year-old boy one day tried to capture an owl. On seizing the bird it vigorously defended itself and drove its claws into the hand of the boy. In trying to release his hand, the owl fastened its claws the more firmly in the boy's flesh. There was then no alternative but to break the owl's leg, and afterward remove the bird's claws. Possessed of strong hands, the boy succeeded in so doing. Thereupon he and the owl looked each other sharply in the eyes and the instant he broke the limb the boy observed a black streak appear in the Iris of the owl. Not made of the fibre of a vivisector, but being a lover of animals, and a physician-to-be, he bandaged the leg and cared for the bird until the injury was completely healed. He then gave the bird its freedom, but of its own accord it remained in his garden, and whenever meals were served there, would fly to the boy and alight on the table at his side.

In this manner the Summer passed. When Autumn came the owl migrated, but returned to be the guest of the boy the following Summer. He then examined the Iris of the bird and was surprised to find that the defect in the eye resulting from the broken leg remained as distinct as ever, but was now surrounded by white crooked lines. In the ensuing Fall the bird again winged its way southward, but returned the next year. At that time the sign was as indelible as ever in spite of the time that had elapsed since the healing of the broken limb. In the Fall the bird once more resumed its migratory flight and was seen no more. Such was the discovery of The Diagnosis from the Eye, although at the time the boy had not as yet realized the significance of his discovery.

This boy, who was in reality the first discoverer of Iridology, was Ignaz Peczeley, and was born in Egervar, in Lower Hungaria, January 26, 1826. Growing up and graduating from college he became a technologist. At the outbreak of the Hungarian revolt he participated therein, was wounded and made captive, and in-

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terned in an obscure little village. Not being permitted to leave the town and desiring to obtain food better than that served the other prisoners, he succeeded in so doing by giving instruction in dancing and fencing and by painting pictures. During the year 1851 he was appointed instructor of penmanship in the schools of the town. In 1853 he was released from his captivity and then left the village. For several years thereafter he followed his former vocation. In 1861 Peczeley's mother became seriously ill, and, being despaired of by the physician in charge, the son saved her life by the use of homeopathic remedies. Shortly thereafter he was enabled to save another patient from a too early grave, and as a result he became so famed that people in great numbers came to him from near and far for treatment, and particularly because he asked no fee for his services. In this manner, and almost against his will, he entered upon his medical work.

One night, being exhausted after a day of strenuous work, he was unable to sleep and lay pondering over the reason for the difference in color of eyes of patients who consulted him. At once there came to mind the episode of the owl, and on the following day he began his researches in The Diagnosis from the Eye. Before three months had passed he had succeeded in discovering the key to the problem. Meanwhile his practice had increased immensely and he became known as a "worker of miracles." At this stage the authorities became interested in the matter; a doctor, accompanied by two minions of the law, called on Peczeley and forbade him to treat patients because he was not a "recognized" physician. Our hero then declared that he would straightway acquire the title of "doctor of medicine" so that none might hinder him from helping his neighbor. At that the doctor said "You are a charlatan, an impostor; you pretend to be able to read the signs of disease by looking at patients' eyes." Peczeley looked him in the eye and said: "You have had such and such diseases and they have been very badly treated indeed." The doctor, being completely taken aback by this, as he could not deny Peczeley's statements, thereafter said no more about fraud.

In the Spring of 1862, at the age of thirty-six, Peczeley went to Budapesth where for two years he studied medicine, and during spare moments treated patients homeopathically. Even here he became the object of persecution by the allopathic physicians. A woman, sent by an allopath, came to Peczeley for treatment. Shortly afterward this physician charged Peczeley with having

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tried to poison the woman with arsenic. Peczeley, however, showed that he had used nothing but homeopathic remedies, which according to chemical analysis consisted merely of sugar, starch, gum arabic and a little magnesia. In the face of this it was never made clear who had put arsenic on the bedside table of the patient.

Being honorably acquitted of this charge, Peczeley next journeyed to Vienna, where the most prominent allopathic medical school was located. In 1867 he was given the degree of Doctor of Medicine by the University of Vienna. Here he practised for two years, for a while as hospital interne, where he had many excellent opportunities to extend his researches in Iridology. On numerous occasions he examined the eyes of patients before and after operations, and verified what he had already discovered in his youth, namely, that every operation produced an indelible mark in the Iris. In addition, he was present at post mortem examinations and was enabled thus to corroborate the fact that patients had actually suffered with diseases the signs of which he had previously read in their eyes.

At that time the ruling power in the medical circles of Vienna was the "genial operator" Professor Billroth, who is alleged to have stated, "Science makes progress over mountains of corpses;" as much as to say that it is of little moment if a patient's life is sacrificed, provided one gains a deeper scientific insight. In vain, and to deaf ears, Peczeley preached that "One human life is worth more than all the science in the world; you are not justified in sacrificing the life of another merely for the sake of science." To this great friend of mankind and animals, life soon became intolerable in Vienna, where the surgeons cut and sawed to their hearts' content, achieving great surgical masterpieces, which, however, produced indelible marks in the Iris. In the Spring of 1869 Peczeley returned to Budapesth where he located as a homeopathic general practitioner and soon acquired a large practice.

It was here, in the year 1880, that he published "Entdeckungen auf dem Gebiete der Natur und Heilkunde," "Discoveries in the Realms of Nature and the Healing Art," the first volume of a contemplated greater work, which latter, unfortunately, was never produced. This volume contained "Anleitung zum Studium der Diagnose aus den Augen," "Introduction to the Study of The Diagnosis from the Eye." For a long time this work was completely ignored, and as though by a "conspiracy of silence" neither newspapers nor scientific periodicals made any reference to it.

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It seemed that it would die without becoming known, and the worst fate that can befall any author is that no one takes notice of his work; hence it would be better to be ridiculed by the press, thus arousing some interest, and being "free advertising" would give rise to a demand for one's book. In this instance, however, subsequent events proved that a "conspiracy of silence" availed nothing; the constantly increasing numbers of Peczeley's patients caused sufficient interest to be aroused so that his wonderful art of reading diseases in the eyes became well known. Then came an intimidating rescript from the department of police, which was intended to put a stop to the "Eye Diagnosis Fraud." When this failed in its purpose, abuse from the press began to rain on Peczeley. Thus, he became known in his own country as well as abroad. The honor of having first presented Peczeley in a courteous manner to the world at large belongs to August Zöppritz, the editor of "Homeopatische Monatsblätter," who personally journeyed to Budapesth to become more intimately acquainted with The Diagnosis from the Eye, Peczeley's method of treatment and biography, all of which he published in his magazine in the year 1886.

That The Diagnosis from the Eye did not rapidly gain momentum in Germany as might have been expected with so strong and energetic a champion as Zöppritz, was due to the fact that in his magazine Zöppritz represented the new diagnosis as an exact and fully developed science, whereas, Peczeley in his own work specifically stated that some phases were still obscure and speculative. For example, there were certain organs whose areas in the Iris he had not at that time definitely established and had indicated these uncertain areas with an asterisk. Zöppritz, however, omitted these asterisks, and as Peczeley's speculations respecting these particular organs were later proved to be incorrect, it may readily be seen that Zöppritz' method of procedure led astray and prejudiced many sincere investigators, and thus served to hinder, if only for a short time, the broader development of The Diagnosis from the Eye and its triumphal march throughout the world.

Another German who early became interested in Peczeley, is the well known homeopathic physician, Dr. Emil Schlegel, of Tubingen. He visited Peczeley a number of times and also published several small brochures on this subject, but the first of these, "Die Augendiagnose des Dr. Ignaz von Peczeley nach eigenen Beobachtungen" had the same fault as that of Zöppritz—that The Diagnosis

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from the Eye was represented as a perfected and accurate science. Schlegel has also published in his magazine "Wegweiser zur Gesundheit" a number of character sketches of Peczeley's life and personality, some of which I have made use of in the foregoing; but most of my material has been gleaned directly from the "Homeopatische Monatsblätter" of the year 1886.

The other discoverer of The Diagnosis from the Eye is the author of this work. A certain goal may be reached by various routes. Peczeley began with signs of organic defects and later discovered the signs of drug poisons, whereas, I first detected the change in the color of the Iris caused by allopathic medicaments. To recount the story of this involves giving the reader considerable data regarding the history of a life-long illness.

At the age of fourteen I was revaccinated. Formerly robust and strong, after this contamination I became sickly; to begin with, the lymph glands of the neck became enlarged, then I was attacked with malaria, vehement cough, coryza, polypi in the nose, and terrific pains in the limbs, all of which took place within the period of a year following revaccination. Physicians were consulted year after year. They applied iodine externally to the swollen glands, prescribed quinine for the malaria, and used the snare to remove the polypi, which, however, were so obstinate as to return each year. In this manner years passed. I had meanwhile observed that the color of my eyes changed more and more, and so, at the age of twenty (in 1871), I published my new discovery: "Quinine and iodine change the color of the Iris; I formerly had blue eyes, they are now of a greenish color, and with reddish spots in them." Notwithstanding this, I persisted with the medication, and in spite of being warned against allopathic drugs by Dr. Toren, then an instructor at the Helsingborg Academy, and an advocate of Homeopathy. As early as at the beginning of my illness he had offered to prescribe homeopathic remedies for my case and even gave me some of his sugar granules to try. But why did I not accept his kind offer? I have many times regretted the fact that I did not, but at that time my usually sound judgment was unduly biased by a newspaper article ridiculing Homeopathy, and naming it the greatest absurdity extant. At that time I was of the same opinion as was the Royal Swedish Medical Board in the year 1893, and firmly believed that homeopathic medicine contained nothing but "sugar, starch and water." Moreover, as I was preparing to become a physician I could not afford to counte-

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nance "homeopathic nonsense." But the longer I suffered and the more that my health declined, my admiration of the self-sacrificing humanitarian calling of the physician waned in proportion, until I eventually lost all interest in that direction.

Arriving in the city of Lund as a young student in the year 1871, I consulted numerous physicians in the hope that they might prescribe more helpful concoctions than I had previously been given, but I was doomed to disappointment. I was continually medicated with quinine and iodine, with the addition of iron pills as a tonic for my exhausted stomach. I began to protest against the regime, but my physician firmly declared that if I did not take quinine it would soon mean my death. Having no desire to die at that age, I followed his directions to the letter. On occasion I took as much as 3 grams of quinine per dose. In this way, I spent approximately six of the best years of my life on the sick-bed. Had I only been content to have suffered with the malaria, and avoided drugging, I should have felt well at least some part of my life, for the fever does not appear every day of the year. Because of the quinine medication, from my seventeenth year I was continually ill; suffering with terrific headaches, particularly during the forenoon, a sense of weight and lassitude over the eyes, ringing in the ears—all signs of quinine poisoning.

Eventually, at thirty years of age I was persuaded that there must be other methods of acquiring health, and that there must be other remedies than those I had taken. Professor Jäger's work "Die Neural Analyse" convinced me of the soundness and excellence of Homeopathy, and beginning with the year 1882, I became my own physician. Nor did my health suffer in consequence. On the contrary, in spite of the enormous quantities of quinine and iodine I had taken, I am now, at the age of sixty-five, an entirely different man, having both the desire and capacity for work.

Without doubt many of my readers have met with similarly unfortunate cases, the result of allopathic treatment, for complaints of this nature are most frequently encountered. The Englishman who made the famous statement that "At forty you are either a fool or your own physician," had doubtless suffered as much as I had from the allopathic "healing art." During many sleepless nights when brooding over my prolonged suffering, the only consolation I found was that perhaps our sufferings might enable us to save our fellow men from similar misery, and to lend

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a helping hand so far as is possible to those who have been so unfortunate as to become the victims of disease. It is, therefore, for the service of my suffering fellow men that I have written this book.

I will soon be sixty-six years of age, and this is the fourth edition of my work "The Diagnosis from the Eye." It would accordingly seem that with an introduction of this kind I might, without appearing egotistical, relate the following incident which is associated with my discovery of Iridology. In the year 1859, the wife of a wealthy goldsmith named Krollpfeiffer offered my mother, who had many children and was very poor, the sum of 1,000 kronor if she would give me to her for adoption.

Being childless and longing for a child of her own, Frau Krollpfeiffer particularly desired one with blue eyes; she herself was brown-eyed. My mother very curtly decided against the proposition and afterward related the circumstances to me. Personally, of course, I would have had no objection to the proposed arrangement, but I was obliged to abide by my mother's decision. The outcome of the affair, while seemingly insignificant, but which afterward proved to be of fundamental importance, was the fact that I then and there began to examine my own blue eyes and to observe the color of the eyes of other people, and this was in reality the beginning of my discovery of The Diagnosis from the Eye. Gradually there dawned upon me that there was a relation of Iris color to health, and by the year 1886 this relation had become perfectly clear. For instance, that year, my grandmother, bitterly lamenting the death of my grandfather, declared that she was not long for this world (she was then eighty-two years of age). I said to her "What! grandmother die? You will live to be one-hundred years of age." "How can you say that?" she asked. "Because you have such beautiful blue eyes, and having such eyes you will not die at this age. It is inevitable that you will live to be very old." She lived to be ninety-six years of age, and while this was not fully one-hundred, her failure to reach the century mark was due to being stricken with pneumonia at the age of eighty-six, and being treated allopathically, she lost the beautiful blue color of her eyes.

The years 1859 and 1886 thus were epoch-making in the history of Iridology, and the year 1877 was likewise notable, though I am rather reluctant to mention the particular event of that year. A skeptic might account for my experience by saying that it was merely a result of an intuition, but the actual circumstance,

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nevertheless, is as follows: One Sunday in the Summer of the year 1877, I attended services at the cathedral in Lund. As the sun shown brightly, I had an excellent opportunity to study my fellow worshippers and I thus saw in their eyes many signs of drug poisons. My heart went out to them in sympathy and as I turned toward the altar, I fervently prayed that God might send a man who would warn humanity against poisonous drugs. Then I seemed to hear a voice saying, "I will send you." In dismay, I answered, "O Lord, send someone else." I well knew that to combat drug poisons was equivalent to putting one's hand in a hornet's nest.

One may, indeed, interpret the phenomenon as merely a sudden intuitive conviction or inspiration, but I hold to the belief that the voice came from God, in sympathy with the sufferings of a humanity burdened with the results of vaccination and poisonous drugs; and the longer I live the more vehemently have I raised my voice against drug poisons.

Another event of fundamental importance took place in the year 1864, when I broke two ribs in my left side, and because of the marks which appeared in the Iris from this accident, I discovered that organic defects may likewise be seen in the eyes. As a result of this accident I was excused from gymnastic exercises in school during an entire semester. While this defect had healed fifty years ago, the sign is still to be seen in the Iris.

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CHAPTER III.

Iris Color

In making a Diagnosis from the Iris of the Eye, the color of the Iris is first given consideration. Iris color denotes the condition of the blood as well as indicating temperament or disposition. If there is a good color of the Iris the quality of the blood is correspondingly good, and there is usually an accompanying happy and cheerful disposition. On the contrary, if the color is not good it indicates an inferior quality of blood and a corresponding depression of spirits. It hardly need be explained that when the eye is said to be "the window of the soul" this refers to the *expression* of the eyes alone and has no relation either to Iris color or to the condition of the blood. A soul at peace with God and man may radiate this fact through eyes which may contain all the signs and evidences of blood vitiation and poisonous drugs, and this even in a nature ordinarily despondent and restless, for we are, fortunately, not so dependent on the sensuous but that the mind may rise superior to matter. Many a time have I seen in eyes which bore witness of severe physical suffering, a so-called "holy light;" evidence of that "peace which passeth all understanding." Again, I have seen the most evil expression in eyes which otherwise were beautiful and indicated glowing health.

Leaving out of consideration the soul or individual intelligence, the color of the Iris denotes the quality of the blood and the "spirit" or disposition of the individual. Everything that impairs the color of the Iris exerts a deteriorating effect on the blood, and incidentally on one's spirits or disposition; while everything that improves the color of the Iris is manifestly advantageous to the blood and to the disposition.

With these prefatory remarks, we are now prepared to definitely account for the color of the Iris, and we first direct our attention to:

1. Natural Colors of the Iris.

We differentiate color into two classes, which in a sense are natural colors—I call them natural colors because they are inherited and depend primarily on the parents—namely, the blue and brown Iris colors. Among these, as a subordinate class we include a third, produced as a result of the admixture of the two

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first named, and which we may legitimately designate the "mixed" color.

What color, then, denotes health and strength? Which is the best color? What should really be the only natural color of eyes of a healthy individual? Peczeley, together with myself, discovered that blue is the only natural or normal Iris color for the Indo-European race.

The studies and observations which have brought Peczeley to this conclusion are, briefly:

1. All new-born children have blue eyes.
2. As the health of an individual declines, the blue color of the Iris darkens correspondingly, or it degenerates into either brown or into the mixed color.
3. Conversely, those blue-eyed individuals who, through boils, furuncles and other skin eruptions have eliminated from their systems the internal psoric encumbrances, find that their eyes become either sky-blue, or at least, lighter in color.[1]
4. Blue-eyed, scabious parents frequently have brown-eyed children.[2]

Hence, the blue Iris color is the normal one and is superior to the brown color. In the following case, Peczeley found an excellent practical demonstration of the truth of these principles. A man had had scabies when thirty-five years of age. This was effectually "suppressed" by external applications. A short time thereafter an open sore appeared on the left foot. No treatment being applied, pus flowed from the wound for a period of three years. In the interval a son was born, and, as might be supposed, the child's eyes showed the effect of this eliminative process. In the left eye, in the area corresponding to the left foot and lower

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1 My father, who, during youth had brown eyes in which were the signs of suppressed scabies, has had a great many boils and furuncles since reaching middle age. As a result of this his eyes are now a deep pale-blue with scarcely any trace of the original brown color, and with only very faint traces of the scabies signs. Commensurate with this change in the color of his eyes, my father enjoys unusually good health for a man of his advanced years; he was ninety-four years of age in 1915 and hopes to attain one-hundred years.

2 Children born of scabious parents are usually brown-eyed, unless the parents have had boils before the birth of the children. (Boils or furuncles are Nature's reaction against the psoric or scabious miasm.) Children born after parents have had boils, have in most cases blue eyes.

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part of leg, was a segment of blue color, whereas, the remainder of the Iris was a distinct brown.

As has been outlined, while the sturdy Indo-European race is normally blue-eyed, it does not necessarily follow that all shades of blue signify perfect health. Peczeley classifies blue eyes into three groups; namely, light-blue, medium-blue and dark-blue, and of these the light-blue is the ideal color. But where will one find such eyes in this day and generation? The answer is—nowhere. New-born children have blue eyes, to be sure, but this color is a rather undefined dark-blue shade, which soon changes into either a lighter blue, or brown, or degenerates into the mixed color. No one is born with light sky-blue eyes, and this color can only be acquired or developed, as it were, during the course of time. To accomplish this it is imperative that during childhood all skin eruptions and children's diseases be rationally treated, and that no untoward factor be allowed to check or interfere with this "process of evolution." By such a procedure the Iris color will gradually become lighter and little by little will approach the ideal color. One of the most unfavorable influences which would hinder this gradual evolutionary process toward the ideal Iris color is vaccination, and furthermore, the more irrationally that diseases are treated, the more rapidly will the blue-eyed race of people disappear, but so long as the old, original, strong and healthy blue-eyed individuals are to be found, we must acknowledge them to be of the first class. Only those persons with blue eyes, the Iris of which is fine and dense, have prospects of attaining the age of one-hundred years.

Brown-eyed persons comprise people of the second class. If their eyes have a fine and dense Iris, that is, if they have no hereditary organic defects, the probability is that they may live to be seventy or eighty years of age. As in the case of the blue-eyed, Peczeley divides brown-eyed people into three classes; light-brown, medium-brown and dark-brown. So, too, it is plain that of these the light-brown is the best color.

Brown eyes do not necessarily indicate that their possessor is a weakling or an invalid. On the contrary, brown-eyed people may be as healthy and enjoy life as much as blue-eyed individuals; nevertheless, the brown Iris color marks them as belonging to a weak, sensitive and nervous generation. The English novelists

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have already observed this characteristic.[1] If the heroine is described as having brown eyes, one may be certain that she is nervous, sensitive, irritable, and becomes dizzy on the slightest provocation. Nearly every one of the brown-eyed patients whom I have examined have had the clearly defined signs of "cramp" or "nerve rings" in the Iris. Endowed with a weaker constitution because of an inferior quality of blood, brown-eyed individuals more easily succumb to disease for the reason that they have not the vital resistance of the blue-eyed class. In view of these facts it is self-evident that the brown-eyed generation of the Indo-European race is a decadent class; that any color of the Iris other than the blue is unnatural, and that the brown Iris color is merely the result of a progressive degeneration of the human race, frequently extending back through several generations.

Doubtless my critics will not acknowledge that brown-eyed people are of a weaker constitution than the blue-eyed, and it has been urged that in the Montenegrins we have a practical demonstration which refutes my principles. It is true that the Montenegrins are as a race considered to be the finest specimens of human beings in the world, and yet they are brown-eyed. To elucidate this seeming inconsistency I would submit the following considerations: 1. Civilization is established on a comparatively low plane in that country, and because of this fact the inhabitants live in a manner more favorable to Nature than do people more highly civilized. 2. Brown-eyed individuals must have inherited a constitution of either the first or second class to be able to survive (to be explained in detail further on). Hence, if they have a constitution that is inferior to the first or second class, or if they have inherited organic defects, they would inevitably die during the first year of life. Therefore, we find no adult brown-eyed people with inherited inferior constitutions, and so the number of weakly constituted brown-eyed individuals is practically nil. It is a rare occurrence that feeble children are born of marriages among the brown-eyed class, and as a natural sequence the sturdiness of this race is maintained. The blue-eyed, on the other hand, are able to survive and reach a ripe old age even if they have inherited organic defects, which means that they have been endowed with a constitution of the most inferior, or sixth class. These may marry and bring forth offspring of an inferior type, and these in

[1] We read in the Christmas number of The Family Herald, page 3, that the hero in the novel "had eyes of that clear, decided blue, that is so seldom met with." I have no doubt but that the hero proved himself worthy of his first-class eyes.

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turn may marry, multiply, to again marry. That these individuals are able to continue in this way is because of "their noble blood." A still further indication that persons with blue eyes have better blood than have the brown-eyed individuals is the fact that they exhale a pleasing fragrance, so delicate that it reminds one of the finest perfumes of Arabia, while the brown-eyed individuals have a decidedly unpleasant bodily odor. The pure-blue-eyed people are the noblest work of God.

The ancient Greeks and Romans were blue-eyed. An epidemic of scabies appearing among them was suppressed with external applications. Following this, the blue-eyed but scabious (psoric) parents produced brown-eyed children. There were marriages between these brown-eyed people; hence, the dark Iris color became a permanent feature of the race. It is not necessary, however, that this continue forever, for it is possible, as elucidated in the foregoing, to eventually eradicate the brown Iris color. A rational method of treatment for a year, in conjunction with the Electro-Homeopathic remedies would cause the Iris to become lighter in color, and then it would be possible for brown-eyed parents to give birth to blue-eyed offspring. *It is possible to improve the race. To do this, however, no blue-eyed individual should marry a brown-eyed person.*

In the third color-classification are included those persons whose Iris is of the "mixed color" and who are the offspring of parents one of whom had blue and the other brown eyes. The weaker parent contributes the brown color to the middle of the Iris of the child, while the stronger parent transmits the blue color found in the outer half of the eye; it is not, to be sure, a clearly defined blue, but partakes of a greenish tinge because of the light yellowish-brown rays emanating from the middle portion of the Iris. I would also include in this class those persons so seldom met with, who, instead of brown, have yellowish or reddish colored eyes.

Not only Peczeley and myself have studied the color of the Iris; even "the learned" have devoted some of their valuable time to this study. Professor Rudolf Virchow, "The King of Science" as he was modestly lauded at the celebration of his jubilee, had not felt it beneath his dignity to study the blue and brown-eyed representatives of mankind. It should therefore interest the reader to learn of the results achieved by this most high intelligence. In the course of a long life he had observed that in northern Germany the proportion of brown-eyed people had very markedly in-

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creased. He began a systematic research to determine the cause of this peculiarity, and the first fruits of his investigations was the following discovery; a blue-eyed man marrying a brown-eyed woman, 75 per cent of their children will have brown eyes. Our own observations prove that this inherited Iris color is not a decided brown; these 75 per cent have an Iris color which we classify as the "mixed" color; genuinely brown-eyed persons must have had parents both of whom were brown-eyed. The "discovery" did not satisfactorily explain the enormous increase of brown-eyed people; Virchow made another discovery; brown-eyed girls were more eagerly sought in marriage than those who had blue eyes. It is quite reasonable to believe that the vivacious brown-eyed maidens, "red as roses and meek as lambs," to quote Tegnér, were more attractive to the short-sighted male sex and more easily won than the serious and haughty blue-eyed beauties on whose brow appears to be written "touch me not;" for it demands a Fritiof to win an Ingeborg. This, then, must be the cause of the rapid increase of the brown-eyed, according to Virchow; more brown-eyed than blue-eyed girls marry.

An English psychologist has made a similar discovery with regard to the English people. With each succeeding generation their hair darkens, and he ascribes this to the fact that more brunettes than blondes marry. "Out of 100 blondes only 55 marry, while among the same number of brunettes 79 are led to the altar. The learned statistician estimates that within the next 700 years Englishmen in general will all be as dark as Spaniards and other south Europeans." (Nya Dagl. Allehanda, 4-7-1903.)

To return to Virchow, we find that "the learned" are all alike; unable to discover the fundamental cause of a phenomenon, they are content to seize upon the most likely probability, and then, with their well known modesty, they at once publish this as being "scientific." The "King of Science" did not even guess that the primary cause of the increase of brunettes was to be found in "suppressed" scabies and that because of this fact even genuinely blue-eyed parents could produce brown-eyed children. Nor did he realize that the brown Iris color is a sign of decadence, and that it would be well to warn against marriage with brown-eyed individuals. Virchow's observations were, moreover, so superficial that at no time during his long life had he noted the characteristic decline of brown-eyed people; that while in youth they

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might be charming, with the advance of years they became decidedly unattractive; their eyes assuming an ugly and piercing expression, whereas the blue-eyed, provided they did not spoil the appearance of their eyes by the use of drug poisons, became more beautiful with age.

This may seem to be a harsh sentence to pronounce upon the brunettes, who are not responsible for the condition, but which is due to heredity and the decree of fate, but as a consolation I might state that Martin Luther, the greatest spirit of Germany, was brown-eyed. Being brown-eyed does not necessarily affect the intellect. Furthermore, brown-eyed persons, by rational care of their health, promoting elimination through the skin by means of boils or furuncles, may cause their eyes to become much lighter in color, and to eventually even have a tinge of blue.

Notwithstanding this, we would warn against marriage with brown-eyed individuals, and these latter, with due consideration for the welfare of posterity, should decide not to marry. In the game of hearts, unfortunately, it is infatuation rather than reason which rules, so that the brown-eyed generation will doubtless continue indefinitely. Hence, a progressively weaker race, with an inferior quality of blood will be perpetuated, and even if brown-eyed maidens have rosy cheeks, there will nevertheless be observed a dusky-yellowish color about the throat, testifying to this pollution of the blood. Moreover, this class is a hysterical generation, much like the brown-eyed Chinese and Japanese, who, while they are supposed to "have no nerves" are nevertheless hysterical, irritable, capricious and unstable.

Owing to the convenient avenues of communication and travel of the present day, the human family faces the great danger of admixture with the different races—the Germanic and Latin with that of the yellow and black races. No good can come from such intermingling of blood. The mulattoes, who have all the vices of the white man, but with none of his virtues, may be cited as an example. It is only the Anglo-Saxon race that seems to be on guard against such admixture; Englishmen realize that the rulership of the world belongs only to the strong blue-eyed race.

In some correspondence from Berlin I note that the Germans have had their attention drawn to the dangers of the increasing intermarriages between the German colonists and the natives of West South Africa. The issue of these mixed marriages is fraught with the same testimony as in the case of the mulattoes.

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An article in Stockholms Dagblad (12-1-1911) states that in a lecture at Göteborg, by Professor Lundborg of Upsala, he most highly extolled the Germanic race, and dilated particularly on the Scandinavians. The following excerpt confirms Iridology; "After deploring the admixture of the blue-eyed and brown-eyed races, the speaker took occasion to treat of the Germanic race, to which the Scandinavians belong, as to their position and importance in modern times. 'We cannot deny,' said the speaker, 'that this racial branch is living in a golden age,[1] and that they have promoted to an important degree the culture of the world, and will in future exert an even greater influence. In certain sections of Scandinavia are still to be found the purest strain of the Germanic race; it is generally conceded, and cannot be gainsaid, that these Germanic people have attained great prominence from the standpoint of culture. To judge from a variety of things, it would seem that it has not yet dawned upon us what a great good fortune it is to belong to the best and noblest race on earth. While we need not be self-conceited, yet a proper self-esteem is in order. We should arouse and strengthen the national spirit of our country, and the time is not far distant when every genuine Swede will refer with pride to his origin, his people and his country.' "

We have already remarked that darkening of Iris color and degeneration of health go hand in hand; we should add that the Iris turns a black-gray, or a dirty-gray or a dirty-brown when death approaches.

2. The Signs of Suppressed Scabies and Suppressed Scurf

Having in the preceding dissertation established the natural colors of the Iris, we are now prepared to consider the possible occurrence of other colors in the eye, which would therefore be unnatural and indicative of an abnormal or diseased condition. Quite frequently we find the signs of "suppressed" scabies (itch), and of suppressed milk scurf.

To acquaint the reader with the meaning of "suppressed scabies" or "suppressed itch," and the characteristic appearance of its sign in the eye, I will relate how Peczeley discovered the sign in question. For quite a long time he had observed that many

[1] I cannot, unfortunately, subscribe to this statement, inasmuch as the race has greatly degenerated by the production of a brown-eyed generation, and by vaccination and drug poisons.—The Author.

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of his patients had sharply circumscribed brown spots in the Iris, but, strange to say, they could recall no ailment involving the parts of the body corresponding to the areas in the eye occupied by these spots. One day, a young peasant who had a great many such marks in his eyes came to Peczeley for consultation. The patient related that he had suffered a great deal with scabies or "the itch," but which disappeared after the vigorous application of ointments. Another patient who was present volunteered the information that he, too, had had scabies, whereupon Peczeley discovered these brown spots in this patient's eyes. He immediately requested all the other patients present who had had scabies to step forward. A considerable number responded and Peczeley then stood them in line, examined their eyes and found that every one had these same brown spots. One patient had as many as three brown spots in varying shades of color, one upon the other, and he related that he had had scabies three times. Such was the manner in which this discovery was made, and from that day Peczeley devoted a great deal of attention to this disease and became acquainted with the disastrous results which followed in the wake of suppression of scabies or "itch." To give a complete resume of his comprehensive researches would be quite impossible, but the reader will be interested in the following.

Scabies is a skin eruption produced by the itch-mite or parasite "acarus scabiei." It ordinarily first appears either between the fingers or toes, the inside of the arms, or on the back of the thighs, and is accompanied by an intolerable itching.

If the disease is rationally treated as with homeopathic remedies, for example, the itch or scabies will be entirely eliminated and *no signs* will remain in the eye to bear witness that one has had scabies.

On the other hand, if the eruption is treated with sulphur or mercurial ointments, green soap, or other injurious substances, the parasite being killed within the surface of the skin, its remains, after undergoing a process of decay, will be absorbed by the circulation and deposited by the blood stream in various weak portions of the body, frequently quite far from the original source of infection. Afterward there will appear in the Iris *brown, reddish brown, or dark-brown spots with sharply marked edges* and these are the signs of *suppressed scabies* or itch. These signs are frequently so large and prominent that they may be seen without a magnifying glass. On seeing such a person one may at once

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state, "You are suffering from suppressed scabies." A proficient diagnostician may sometimes be able to state approximately how many years have elapsed since the scabious eruption was suppressed, for the reason that the brown signs gradually darken in the course of time, provided the patient has not meanwhile had boils.

It would appear that by means of these sharply marked signs indicating psoric poisoning Nature desires to illustrate how disastrous it is to "drive this ailment into the body" by the use of injurious salves and other external applications. According to Peczeley the after-effects of suppressed scabies are most serious. They are: sensitiveness to cold, susceptibility to all forms of catarrhs, inflammations, fevers, abscesses, and eventually, cancer. Moreover, Peczeley was not the first to observe the danger of suppressing scabies. The credit for this belongs to an Italian physician who flourished in the eighteenth century, and who, as a result of observations among old women and galley slaves in Livorno, energetically opposed the suppression of scabies. The method of procedure adopted by certain people of southern Europe, namely, opening the eruption with a sharp instrument and scraping out the small parasites, has doubtless originated from this source. It is said that Emperor Napoleon I., to avoid injuring his health, would, under no circumstances, have permitted the suppression of his "itch" by the use of external applications, but he was doubtless persuaded to have this done, for he died of cancer, which frequently is the eventual fate of those who have had suppressed scabies.

The method of treating scabies without injury to the health is explained in detail in the Swedish edition of my work on rational therapeutics.[1]

Furthermore, with regard to scabies, if it has been suppressed, we are compelled to acknowledge that the disease cannot be completely eliminated. Nature, however, provides boils and other skin eruptions to neutralize the scabious or psoric poison. According to Peczeley, boils are merely a result of Nature's effort to eliminate the indwelling miasm of this disease. Boils are beneficent agents and had not Nature provided in this manner to gradually free the body from the poison of scabies, the entire human race would doubtless have become extinct. In certain sections of Sweden, the people, for a long time, have recognized that boils

[1] Send for information with regard to the English edition.

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are beneficial, as in Westgötland, for example, where boils are popularly known as "health-buds." Thus, where boils are permitted without interference to develop, they eliminate a considerable amount of the scabious or psoric encumbrance, the body becomes healthier, the scabies spots become lighter in color; but the signs, however, never entirely disappear from the Iris. Hence, if boils and skin eruptions are beneficial as channels through which the body becomes freed from the "indriven" scabious poison, it naturally follows that catarrhs and inflammations are no less valuable; by means of their accompanying perspiration and catarrhal discharges the body likewise eliminates injurious substances, provided that these ailments are completely cured through a rational method of treatment. Therefore, to avert the serious consequences of suppressed scabies, one should primarily try to produce boils and skin eruptions; this result can be obtained with the use of Electro-Homeopathic remedies or through Peczeley's method of treatment with the Hahnemann homeopathic remedies.

Since scabies is so serious an ailment, it behooves each and every one to avoid becoming infected by the disease. First and foremost, neatness and cleanliness are to be observed, and one should avoid coming in contact with persons affected with scabies. School teachers should have scabious children isolated to avoid contaminating others. Inasmuch as the contagion is frequently carried by means of sheepskin clothing made from the pelt of scabious sheep, to protect one's self from scabies is easier said than done. Should one be so unfortunate as to become infected, it merely demands that the ailment be treated rationally and there will then be no dangerous effects resulting therefrom.

A patient from southern Sweden once came to me for an examination by Iridology. At the first glance in his eyes I asked, in astonishment, "Are you really from southern Sweden? Your eyes look like those of a veritable Norrlander, with suppressed scabies, mercury in the brain, arsenic in the muscles, etc., etc." Yes, the man assured me that he was really a native of the city of Lund, and that he well recalled when he had had the scabies, for he was treated with applications of "gray-salve" (mercurial ointment) and was then placed in a warm baker's oven. "And the scabies left me," he concluded triumphantly. "Far from it," said I, "the disease is now deposited within your system." Such is the manner in which scabies or the itch is ordinarily treated by the common people. Our enlightened physicians, in advising with regard to

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scabies, do not hesitate to warn against "ignorant quacks who not infrequently apply ointments containing mercury, arsenic and similar substances, which may produce ailments of a more serious nature than scabies itself." But, I would ask, are they themselves any better, when they prescribe Balsam of Peru, ointments of tar, or green soap, as the proper remedies to "repel" or suppress the scabies?

In conclusion, to give the reader an idea of the sign of suppressed scabies, turn to the photograph of the eye on the title page. The dark spots there shown are in reality reddish-brown "itch spots" or scabies signs. Such marks invariably appear in the Iris if the disease of scabies has been suppressed, although it may sometimes require several years before they manifest themselves.

Next to venereal infection and vaccination, there is no ailment which has so contributed to the degeneration of the human race as has suppressed scabies. *Scabious parents give birth to scrofulous or "scurf-rimmed" children.* For the reason that the suppressed (driven into the body) scabious or psoric poison cannot be thoroughly eliminated, this dyscrasia is transmitted to the children. Children of blue-eyed but scabious parents will have a heavy scurf-rim, if indeed, not brown eyes. I have found that the sign of this hereditary psoric or scabious dyscrasia is a dark, though not sharply defined, ring at the edge of the Iris. This "scurf rim" appears also even if but one of the parents is scabious, likewise after vaccination; also it is an after-effect of arsenical poisoning, as will be elucidated farther on. This dark ring is more easily discerned without than with the magnifying glass. Children born with this sign, but without hereditary organic defects invariably have, during the first or second year of life, skin eruptions either on the body, the face or the head—the so-called Milk Scurf (Crusta Lactea).

Treating these eruptions in a rational manner, the color of the eyes will become lighter and the scurf rim will gradually disappear. The milk scurf will take care of itself; it may require several years, but it will be cured of itself and leave no sign afterward either on the body, the head, or in the Iris. This "scurf" is nothing more nor less than Nature's effort to eliminate the hereditary blood dyscrasia. It should, therefore, be "hailed with joy" and allowed to freely develop, but meanwhile observing the strictest cleanliness. To repeat, the milk scurf should be welcomed, but

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the reverse is usually the case; that which the body, with all its might tries to eliminate, parents in their ignorance proceed to repel. When a mother notes the appearance of the milk scurf, she imagines that the child "looks frightfully" and at once vigorously tries to wash and soap it away. If this is not effective, recourse is had to ointments of various kinds, and in this manner the eruption is successfully combated. The child then no longer suffers from scurf, but from "suppressed milk scurf," and the indication of this in the Iris is that the dark ring at the edge becomes more clearly defined.

The after-effects of suppressed milk scurf are even more serious than those of suppressed scabies. Among these are; an aggravated dyscrasia (serious encumbrance of blood and lymph), rickets, epilepsy, deafness, blindness, scrofula. Scrofula brings with it an enormous train of diseases and abnormal changes within the organism.

If you mothers only knew how much better it would be for your children to "look frightfully" for one or two years; for, in spite of the eruption they would always be well, but as soon as it is suppressed they begin to have various complaints. Therefore, I cannot too earnestly impress upon your minds and hearts the following: When you observe the milk scurf or any other form of eruption, do not suppress it with any form of fat, salve, soap, butter or even cream; merely use warm water. In this way the eruption will heal of itself sooner or later, and your children will escape being epileptic, blind, deaf or scrofulous.

3. Signs of Poisonous Drugs

The Iris portrays not only the diseased changes of the blood but it is sensitive in the highest degree to all injurious substances which may have gained entrance to the organism. Those substances which cannot be assimilated or in any form organized and incorporated as a part of the body, are injurious and therefore should not be taken into the system. If such substances are in any manner introduced into the organism they become deposited in various parts of the body and at once the color of the Iris changes in a definite manner, according to the peculiar nature of the harmful substance.

When a patient has taken a great many kinds of medicaments, it is then a difficult matter for the Diagnostician to differentiate

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between the various signs. Occasionally, one may meet a person who has, fortunately, taken not more than one kind of drug; becoming familiar with the characteristics of this sign, it is then an easy matter to recognize it at any other time. Early in my own experiences I met a woman with a babe in her arms, which, while only seven weeks of age had an unnatural color around the pupil of the Iris. I at once asked the mother, "What kind of medicine have you given the child?" "It has had no medicine whatever," she replied. "I am quite certain that it has," I asserted. "No, we have never taken the child to any doctor," she returned. "But, perhaps to some quack?" I asked further. "None whatever," she assured me. "Nevertheless, the child has been given some kind of drug. Have not you, yourself, given it any?" I pursued. She finally recalled that she had received from a neighbor some of "Rosen's Breast-Drops" which she gave the child for insomnia. It is well known that "Rosen's Breast-Drops" contains opium; and it was in this way that I first discovered the sign of opium-poisoning.

Arsenic

The signs by which the Eye Diagnostician may recognize arsenic, are raised spots, resembling snow flakes, and which are usually encountered in the outer fourth of the Iris; in blue eyes they are white and in brown eyes light yellow in color. Arsenic is deposited principally in the joints, muscles, brain, and tear ducts. After a physician has prescribed arsenic internally, for a short time one invariably finds the sign in the area of the stomach, but it does not remain here very long, however, and soon finds its way to the above mentioned sections of the body where it is permanently deposited. The signs of arsenic never disappear from the Iris, which indicates that arsenical-poisoning is incurable.

To be sure, arsenic taken in small doses is not fatal; quite the contrary. Mountaineers in southern Europe are "arsenic-eaters," but, while the drug gives them a sensation of well-being, and an appearance of ruddy health, having once begun the practice they can no longer refrain from using the poisonous substance, but must daily increase the dose; otherwise a burning pain in the muscles ensues. Some of the after-effects of arsenical-poisoning are; a burning pain in the joints, hypersensitiveness of the muscles, watery eyes, numbness of the flesh, and even paralysis of arms and legs.

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The patient suffers not only bodily, but mentally as well; inexpressible anxiety and silent grief oppress him, but he knows not how these sensations originate. Many arsenical patients believe themselves possessed of the devil and importune their spiritual adviser for help against the obsession. In the northern part of Sweden one frequently encountered people apparently made insane by brooding over religion. Old women living in solitude in their cabins, brooding over religious subjects had gradually become possessed of the most crazy ideas, as, for example, that Christ had returned to earth, that they were his chosen brides and redeemed from sin. By a glance into their wild and turbulent eyes one would discover the distinct signs of arsenical-poisoning. But the world at large has said that these persons had become insane because of religion, which, of course, is absurd. Sleeplessness is likewise one of the after-effects of this drug, and it not infrequently terminates in suicide.

Some time ago, in a periodical, a representative of the regular school of medicine, in criticising my teachings stated that arsenic in allopathic doses was highly beneficial to the body. I wondered what the good doctor meant when he wrote this, for I personally recall what a hue and cry was raised by these same arsenic-prescribing physicians against the amount of arsenic contained in wall papers and textiles; they asserted that by living in a house furnished with such wall paper, people may become arsenical-poisoned,—and yet the quantity of the drug absorbed from this source is most insignificant, and smaller signs of its presence appear in the Iris than when arsenic is prescribed internally in allopathic doses.

The reason that arsenical-poisoning by inhalation of the drug can be detected much earlier than when it is given internally is because wall paper containing arsenic gives off an arsenious gas, which, being inhaled, enters the blood stream by way of the lungs; whereas, the arsenic administered by the allopaths is first absorbed by the digestive system and gradually distributed throughout the body. If arsenic really were beneficial to the human body it is certainly passing strange that the Lord neglected to put some of it in the blood stream when he created mankind. Hence, I greatly doubt that the Creator deemed arsenic indispensable to man.

In England, not long ago (July, 1900), there were a number of serious casualties resulting from the drinking of ale containing

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arsenic, and among those who drank this beer there were 10 deaths and more than 1,000 cases of illness. Those who became ill manifested almost identically the same symptoms that I had long ago discovered among patients who were arsenical-poisoned; a bloated countenance, with a dark color of the complexion, watery eyes, a "sticking" and prickling of the fingers as though "going to sleep," a sensitiveness of the muscles, silvery coating on the tongue, catarrh of the stomach, and, lastly, paralysis of the limbs. All these conditions resulted from merely one milligram arsenic in a glass of ale.

Researches in agriculture have likewise demonstrated that arsenic is injurious to vegetation. The following article appeared in "Stockholms Nyheter," February 26, 1894; "Plants Poisoned by Arsenic." "At the southern Halland Agricultural Association's Convention, Engineer Emil Lyttkens delivered a lecture on the effect of arsenic on vegetation. Professor Nobbe had demonstrated by his experiments in water-plant-culture that these plants are very sensitive to minute doses of arsenic and are greatly injured thereby. At the chemical station at Halmstad experiments have been conducted to determine whether arsenic in the soil is injurious to vegetation. The reason for these experiments was that it had been learned that a considerable quantity of imported superphosphates were strongly impregnated with arsenic, because of arsenic-containing material being used in the preparation of sulphuric acid. Chemical analysis of a large proportion of the superphosphates demonstrated that 40 per cent contained arsenic. Herr Lyttkens showed by photographic illustrations the results of the investigation, which clearly indicated that arsenic is a powerful poison to plants."

The conclusion can only be this: Arsenic in weighable quantities is a poison to humans, animals and plants; and in particular is most highly injurious to all animal life.

Since the publication of the second edition of my work, I have closely studied "Arsenic Neurasthenia," having had opportunities for this by consultations with and examination of many Finns, nearly all of whom suffered greatly with Arsenic Neurasthenia.

The greatest source of Arsenic Neurasthenia is arsenic-laden wall paper, clothing and textiles. While it is true that such wall paper and textiles are to be found in southern countries, yet the inhabitants of that climate do not suffer to any great extent from Arsenic Neurasthenia. And why is this? The colder the climate,

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the more are people sensitive to arsenic, and for that reason those who live in the northern part of Sweden and in Finland suffer most acutely from this source. In Sweden, formerly we had strict laws prohibiting the sale of wall paper containing arsenic, as well as against carpets and clothing impregnated with the drug. For several years, however, we have been very lax in this respect, ostensibly to favor foreign manufacturers. Naturally, the result is that Arsenic Neurasthenia has increased enormously. I trust, therefore, that the Riksdag will enact a new law before it becomes too late. There are grounds for hope for this, inasmuch as an increasing number of serious arsenical-poisoning cases are brought to the attention of the authorities, and the following article in "Stockholms Tidning" has created considerable discussion with regard to the matter: "Poisons and Poison-phobia." "Arsenic Neurasthenia." "A conversation with a specialist connected with the Department of Arsenic Investigation." "It is now nearly a year and a half since the new drug-ordinance was modified and approved. So far as one can recall, this modification permits not less than four times the quantity of arsenic in wall paper and textiles as the old law, and we have overlooked that in yielding to the importunities of foreign manufacturers the result is that they have increased the arsenic-content of their fabrics.

"For the purpose of throwing light on this subject and to accurately determine the effect of this liberality of the new drug-ordinance the newspapers of Stockholm have engaged the services of a prominent professional man in the person of Arvid Blomquist, proprietor of St. Erik's Apothecary in Kungsholmen, and member of the Commission to ameliorate the new drug-ordinance. Mr. Blomquist, who for many years had taken an especially warm interest in the matter of Arsenic Neurasthenia, was actively opposed to the policy of the Commission, explaining that there is a greater difference in sensitiveness to arsenic among the Swedes than among the inhabitants of other countries.

"Nowhere are people so "protected" against fresh air as in Sweden. Our double windows, our aversion to having fresh air enter our rooms, and likewise the impractical construction of our houses furnish excellent conditions for destruction by arsenic.

"Arsenic is destructive, even if not to such a degree as to cause immediate concern. Not all persons are susceptible to Arsenic Neurasthenia, and in this connection Mr. Blomquist stated that in making thousands of examinations, he found that only forty

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per cent of cases had become arsenical-poisoned from fabrics, carpets and wall paper. With regard to textiles, one need no longer fear green colors in particular. Because of a long-standing fear of arsenic the manufacturers now produce these colors quite free from the drug. It is now the red, brown and gray fabrics that are especially dangerous, and most of all the reddish brown.

"Then, too, there are wall papers. As regards the paper in itself the poison here is quite well combined chemically; but back of the paper, and in the paste, a form of fungus develops which sets free the arsenic and thus spreads the danger of poisoning, more especially in damp weather. In carpets and woolen goods the arsenic is likewise well combined; but in the use of these furnishings the arsenic is set free, whereafter it is constantly floating in the air, so to speak.

"We can hardly escape arsenical-poisoning while living in Stockholm; the smoke from the chimney of the Royal Theater contains fully 1.05 per cent of arsenic, and the Electric Power Plant emits not less than 2 per cent.

"Of somewhat less importance is the dust of the street, but we must not forget the great danger that lies in the dust in our homes. In the dust of a dwelling on Tunnel Street was found .5 per cent of arsenic, and in a house in Upsala .98 per cent.

"Before leaving these considerations it may be added that out of 647 samples of wall paper no less than 300 would have been rejected in accordance with the old regulations, whereas under the new drug-ordinance only 100 were excluded.

"Mr. Blomquist's contention that cases of Arsenic Neurasthenia had considerably increased since the new drug-ordinance went into effect, is thus founded on fact and he has daily collected evidence which is certain to eventually arouse agitation for its repeal.

"However, the interest of Pharmacist Blomquist is not alone confined to the examination of wall paper and fabrics, although this is strictly within the department of a commercial chemist; he is interested as well in examination of the individual poisoned by arsenic, and his first method of procedure here is to analyze the urine. If the urine shows a greater quantity of arsenic than normal, this is a definite clue to follow up, and in these instances Mr. Blomquist invariably would enthusiastically enter upon the work of locating the cause of the arsenical-poisoning. It is almost incredible what divers numbers of things containing arsenic en-

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ter a house, as brought to light by Mr. Blomquist's analyses. He once found a large quantity of arsenic in the ceiling of a room which had been painted a bright dazzling color. As a rule, however, arsenic is usually found in wall papers and textiles—silk, woolens and bedding.

"Arsenic Neurasthenia may be recognized by the fact that those so affected complain of an almost constant pain over the eyebrows, depression of spirits and sleeplessness. The treatment is fresh air and internal doses of potassium iodide, which latter has the effect of vigorously eliminating the arsenic from the body." (To use iodine is equivalent to "driving out the devil with Beelzebub." The furnishings containing the poison must be removed; the wall paper if involved must be torn off, the walls thoroughly cleaned and then sprayed with lime water.—Liljequist.) "Mr. Blomquist has expressly stated that we need not be unduly concerned as regards arsenic. Nevertheless it cannot be denied that cases of Arsenic Neurasthenia have increased most significantly, and that not only is this poison of no direct benefit to human life, but is, moreover, a positive menace to health and has completely undermined more than one rugged constitution.

"As the new drug-ordinance now in effect permitting "0.20" has proved to be so much more dangerous than the old "0.05," we dare say that the matter will doubtless be seriously considered for revision."

A revision of the Arsenic Ordinance was introduced in the Riksdag in 1911.

About twenty years ago when my first work on Iridology appeared, a certain physician demanded that I demonstrate either chemically or anatomically that the white snowflakes in the Iris were actually the signs of arsenical-poisoning. While I did not comply at that time I will now state: The patient who has the signs of arsenical-poisoning may put on a shirt lined with arsenic-free cotton batting. After wearing this garment for a period of eight days the cotton is examined chemically and the presence of arsenic will be found.

It will now be readily understood that it was possible for the Pharmacist Blomquist to demonstrate the presence of arsenic in the urine of those who were arsenical-poisoned.

In view of these two methods, I trust that my old opponent Dr. S—, above referred to, will be thoroughly convinced in this regard,

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and further, that he will no longer doubt the assertions of Iridology relative to mercury, iodine, and strychnine-poisoning.

I have already spoken of the Scurf Rim. If parents suffer from suppressed itch, or scabies, the children will inherit a dark scurf rim. If the mother has a scurf rim, the children will most assuredly have such scurf rim. Vaccination is a factor which often produces this sign. The suppressive treatment of skin eruptions likewise causes the scurf rim to appear; but one may never be more certain that the scurf rim is present than in cases of Arsenic Neurasthenia. It is therefore timely to describe this particular scurf rim in detail, and, to impress upon the reader its full significance, I must elaborate further:

That a house may be warm and comfortable, it must be well built. It must have a good heating plant; proper material for fuel must be provided; there must be a good draft, and occasionally, as may be indicated, the heating plant must be cleaned out.

To be well built the walls should be quite thick, but they should not be damp, i. e., the pores of the walls must not be filled with water, but they should be porous enough to permit of proper ventilation through them. Further, it should be made convenient to open the windows during favorable weather. In extremely cold weather, of course, it would be extravagant to leave the windows open; the cold should cause sufficient ventilation through the pores of the walls, provided the pores are not clogged by moisture.

The heating apparatus, moreover, must be in good order throughout; the fire-box in good repair, the flues and chimneys must not be burned through or be filled with soot or in any way damaged. It is further essential that proper fuel be used for heating purposes. The burning of paper is of little avail; the paper soon flares up, and it is afterwards as cold as before. It would be much better to fire with sprucewood, and still better with birch or beechwood. Why are birch and beech better than spruce? Because they contain more calcium than does spruce. Is it the calcium that burns? No, it is the carbon of the wood that undergoes combustion. With carbon in the presence of oxygen (one of the constituents of the air) there occurs the phenomenon known as "fire," provided there is introduced an exciting factor of heat, such as a lighted match; no chemical activity involving combustion will take place between two elements unless there is an intermediary. By combustion of carbon, calcium becomes in-

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tensely hot, and for this reason the excellent birch and beechwood furnish such lasting and satisfactory warmth.

Our heating plant must have a good draft; if the damper is closed too soon after lighting the fire the house will be filled with gas. The ashes must be regularly removed and soot cleaned out of the radiator.

What we have here stated with reference to a dwelling likewise holds good as regards the body. In order to have warmth in our "earthly tenement" (and on this warmth depends our vitality, the joy of living, the capacity for and the enjoyment of work), the walls of our "fleshly dwelling" must be well built and in good condition; in other words, our skin must function properly. Moreover, we must have a good heating plant in our "house of clay" including a good "fire-box" and good "flues;" that is, there must be a normal condition of the stomach and intestines. We must use good fuel for this heating plant, provide proper ventilation, draft and oxygenation, and now and then remove "ashes" and accumulation of "soot."

We require a good "fire-box;" i. e., a good stomach. In this respect in the majority of cases there is a defect. Because of the destructiveness of vaccination, practically everybody suffers with chronic catarrh of the stomach—in the course of fifty years I have found only eight persons who did not have chronic catarrh of the stomach. Furthermore, the "flues" of our heating plant must be in good repair; that is to say, the intestines must be free from catarrh; this condition, however, does not prevail so frequently as does catarrh of the stomach. In addition it is essential to use good fuel for our "furnace;" the use of alcohol (a carbohydrate) is equivalent to burning paper in an ordinary furnace, as alcohol burns out quickly, giving off immediate heat but produces no lasting warmth and on the contrary causes a subsequent chilliness. It is better to use as fuel substances from the animal kingdom, such as meat, fish, eggs and milk. Why are these materials better than alcohol? Because they contain a certain amount of calcium salts. But better than meat, are bread (coarse or graham bread), fruits such as apples and pears, vegetables such as peas and beans, etc. Why are these food substances better than those of the animal kingdom? Because they contain a greater proportion of calcium salts than does food taken exclusively from the animal kingdom; hence, they supply a more lasting warmth.

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What I have here written is a "glorification" of vegetarianism, in spite of the fact that I am not a vegetarian. Vegetarianism as a whole is based on a truth, but, unfortunately, vegetarianism is not suitable for everyone. If the "intestinal-flues" are defective to a marked degree—"burned out"—and thus rendered "brittle," as it were, it would be unwise to live on nourishment supplied exclusively by the vegetable kingdom; in short, to become a vegetarian. Whoever will take the pains to look into his own eyes will find that Iridology will answer the question: "Will it be advantageous to my welfare for me to become a vegetarian?" The answer will be in the affirmative, provided there is no catarrh of the intestines; but negative if defects of a considerable area are found.

Good "draft" is also essential to our "heating plant;" i. e., there must be a plentiful supply of fresh air in order that proper combustion of carbonaceous and albuminous materials may take place. An incomplete combustion of carbon may bring in its wake diabetes; of albumin (from either the animal or vegetable kingdoms), uric acid diathesis, or gouty conditions, may result. Hence, it will be seen how important to our "dwelling" is fresh air, and to obtain this it is necessary to spend considerable time out of doors thus permitting of proper oxydation of the blood.

For our continued well-being it is further necessary to remove "slag" and "ashes" from the body, by way of the lungs, bowels and kidneys. There is much that is needful in order that we may maintain warmth in our body and thus have a generous supply of "electricity" or vitality; contributing to the joy of life, the strength to labor, and the desire for work.

But all has not yet been said as to the essentials for our well-being. We stated in the foregoing that a house, to be warm and comfortable, should be well built. The structure, however, must not be of such design that air cannot have free access, either through the pores of the walls, windows or ventilators, for in such a building there most certainly would be no desirable warmth. Fresh air must be permitted entrance through the pores of the walls, windows and ventilators. On the other hand, unwholesome gases, carbon-dioxide, and odorous substances must be permitted to escape through similar channels.

Identically the same conditions obtain in our "house of clay"—our body, which must be "well-built" to exclude the cold. We must be well clad in this climate, yet not so dressed as to prevent

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fresh air from reaching our body, nor hinder the elimination of gases such as carbonic acid gas and other autotoxins. In short, to feel well in our "dwelling" we must be properly clothed and our skin must be in good condition. As regards clothing, this question will be considered farther on. With respect to the skin, there is a deplorable state of affairs, in this day and age. "Defective skin," "poor skin action;" this is the sentence I am compelled to pronounce regarding the skin, in at least eighty per cent of the cases that come to me for diagnosis.

The sign in the eye denoting defective skin action is a dark ring or rim at the edge of the Iris, and which is more or less broad or deep. This ring may partially or completely circumscribe the Iris.

This dark ring, the mark of defective skin action, signifies catarrh of the skin. Therefore, it is an indisputable fact that poor skin action of which physicians in general speak, means that there is catarrh of the skin. "Catarrh" denotes a greater or lesser disintegrating process in an organ and a coincident collection of water in that organ. Hence, catarrh of the skin indicates a disintegration of the walls of the pores and a consequent collection of moisture in the pores; in short, if we continue our comparison of the house, there is moisture in the "skin wall." Defective skin action does not necessarily imply that decaying or disintegrating substances have become deposited in the skin and thus obstruct the entrance of fresh air through the pores, for in that case the scurf rim would be raised above the surface of the Iris. The sign of loss of substance and catarrh shows the ring sunken below the surface of the Iris. However, we do occasionally find signs of disintegrating substances at the edge of the Iris, but these are light colored and raised lines or figures, and are hardly to be considered in comparison with the "over-weighing" catarrh. Hence, defective skin action does not involve merely a clogging of the pores by decomposing foreign substances, but indicates a more or less serious pathological change in the walls of the pores with consequent loss of their elasticity and the accumulation of moisture in the pores—a moisture which checks the invisible perspiration. Being filled with moisture, the pores are continually open; the least exertion is accompanied by perspiration, followed by a sense of chilliness. It is because the pores are open that I forbid cold sponges and plunges, Kneipp and Kuhne baths. Trying to cure "skin moisture" with cold water, or spraying with cold water, is

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as logical as to attempt to dry a damp wall by playing the hose upon it.

Now that we know what defective skin action consists of, it is not difficult to understand the after-effects thereof. Fresh air cannot penetrate the catarrhal pores; consequently the blood is not oxydized in the capillaries. If the scurf rim increases in depth and breadth the result is that the blood cannot enter the skin. The consequences of this are: a cold skin, chilliness throughout the body, high blood pressure—the quantity of blood which should circulate in the skin area remains in the internal organs—the high blood pressure giving rise to restlessness, anxiety, nervousness, palpitation of the heart, rush of blood to the head, a "flushed" anemia. Because the skin fails to perform its function, the inner organs such as the stomach, intestines, kidneys, bladder, and lungs try to do vicarious work—an illustration of the principle that "If one member suffers, all members suffer." In the course of time, however, these organs likewise become overworked; they are at first inflamed, then become catarrhal, and, with the decline of the digestive, urinary, and respiratory organs, there soon follows a decline in other organs such as the spleen (the electric dynamo of the body), the brain, liver, etc. Simultaneously with the failure of these organs, symptoms of weakness and fatigue are experienced throughout the entire body.

Further, when the various organs of the body are weakened, the entire organism suffers from the lack of a sufficient quantity of warm blood; with a decrease in the normal amount of warm blood, there is a diminished electrical force of the body with corresponding lowered vitality, and the joy of life is gone.

An important function of the electrical force of the body is to drive toward the skin obnoxious gases so that they may be eliminated, and to give tone and elasticity to the skin. If below normal the electrical force fails in its function; the skin steadily declines. This progressive debility of the skin reacts more seriously on the internal organs. Hence, defective skin action injures the internal organs; these injured internal organs again react injuriously on the skin. Thus an increasing reaction between the skin and the internal organs holds sway, and ultimately these respective influences become destructive. Conversely, good skin activity reacts beneficially on the internal organs, and sound internal organs exert a favorable influence on the skin.

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The question naturally arises: "On what does a defective skin action depend? What causes the scurf rim to appear—the sign of catarrh of the skin?" The causes of this are many and various. It may be inherited. If the mother has a scurf rim, the prospects are that the child, too, will have the mark. Vaccination, being a terrific source of Scrofula and of the Milk Scurf, is another factor producing the scurf rim. Still another cause is *chronic arsenical poisoning.* Arsenic has the faculty of absorbing water (is hygroscopic). It is because of this phenomenon that there is water on the earth. How many of our "professors" are aware of this? Without water on the earth we well know that life would be extinct; hence, we assuredly value arsenic—but in its proper sphere. It does not belong in the human economy. If arsenic gains entrance to the human body it at once begins its work of absorbing water and thus produces a "dampness" in the walls of our "house of clay." This means catarrh of the skin from which a legion of ailments originate. Fifty per cent of the inhabitants of Stockholm suffer from chronic arsenical-poisoning caused by wall paper and textiles. All imported woolen fabrics are impregnated with arsenic.

Many to whom I have stated that they possess a poor skin have asserted that they have good skin action; that the slightest exertion would produce copious perspiration. I have then found it necessary to explain that this symptom was a decided sign of a defective skin action, and that such a condition might be compared with the phenomenon of water oozing out of the wall in a damp house. Just as it is unhealthy to live in a house which is damp, so it is likewise unfavorable to perspire too freely. Persons with a hardy and healthy skin do not sweat very easily; their skin is warm indicating that it receives sufficient blood, whereas, those who perspire with the slightest provocation have a cold, clammy skin, freeze easily, are susceptible to cold, and particularly if, as is frequently the case, the spleen is involved and does not function normally.

The Scurf Rim: defective skin action, anemia, chlorosis, scrofula,—all mean one and the same thing; a formidable source of "catarrhalization" and decline of the entire body. Catarrh frequently degenerates into bacteria development or tuberculosis. "Scrofula passes over into tuberculosis." This is the most serious after-effect of the scurf rim—of defective skin action. Under favorable conditions the catarrh may be checked, provided the

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patient adopts a wholesome diet, thereby supplying the body with liberal quantities of calcium and sodium for this purpose. Occasionally one may meet persons who are almost totally deficient in both calcium and sodium, but apparently have an excessive supply of luecine—a glue-like substance. It sometimes occurs that Nature, who alone cures disease, tries to prevent disintegration in the various parts of the body by using luecine as a healing agent, and forms "luecine-tumors." These are irregular, shapeless masses, usually associated with pain, and upon examination the physician may state that cancer is present. In this he is correct, but when he advises operation he is wrong; he does not understand that cancer in its incipient stage is a form of healing; that it is Nature's last doubtful attempt to cure the catarrh—the unfortunate consequence of defective skin action or the scurf rim. Hence, defective skin action may eventually result in tuberculosis or in cancer.

While Kneipp and Kuhne, and, for that matter, all hydrotherapists understood the foregoing principle, yet they would attempt to correct a defective skin action by means of cold water and vegetarianism. But a defective, catarrhal, water-logged or moisture-filled skin is not improved by spraying with cold water, any more than dampness in a wall is removed by turning the hydrant on it. It is absolutely necessary to proceed as did a man of my acquaintance, who had observed dampness oozing from the wall in the home of a poor family whom he visited. He at once purchased a ton of anthracite coal and a coal stove, ordered it sent to the home of the poor family and suggested that a good fire be built, and to use the anthracite unstintedly, for more would follow. Presently the dampness disappeared from the walls because of the warmth in the house. It is necessary to cure dampness in our "house of clay" in much the same manner—"build a fire in our furnace" with proper diet, and if the "fire-box and flues" are out of order, call into play the Mattei remedies. The ions and electrons—the positive and negative electric particles of the Mattei remedies—will stimulate weakened organs, quiet over-irritated organs, thereby producing an improved appetite and good digestion. From a properly selected diet there will be produced an excellent quality of blood, rich in the organic salts so essential to the healing of organic defects. As it is a good quality of blood which alone heals all lesions, including those of the skin, it will therefore "dry up" excessive moisture, check the catarrh of the

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skin, create warmth and electricity in the body, and thus promote the enjoyment of life.

The Kneipp and Kuhne methods, combined with a wholesome diet have achieved almost as good results as the Mattei remedies produce, but this only in such cases wherein the skin was in a comparatively good condition. I therefore warn those who have a scurf rim, against using the cold water treatment.

We have seen that defective skin action brings in its wake defects in the digestive, respiratory, and urinary organs, and that the lesions in these organs gradually result in inflammations, catarrhs, and disintegration in all organs from the top of the head to the soles of the feet, terminating in tuberculosis and cancer. We now have a more comprehensive understanding of the saying "If one member suffers, all members suffer." We are also impressed with the short-sightedness displayed by those physicians who term themselves as "specialists" in Eye, Ear, Nose and Throat Diseases, or Diseases of the Digestive Tract, Diseases of the Chest, Nervous Diseases, Kidney and Bladder Diseases, Heart Diseases, Skin Diseases, etc. A really intelligent practitioner knows that in treating a patient for any ailment, he must treat "the whole man."

This is exactly what is done by the Electro-Homeopath. In every disease a constitutional remedy is prescribed; in acute ailments, Febbrifugo; in chronic disorders, Scrofoloso, together with the indicated organ remedy. Hahnemann in his later years observed this principle. The present-day homeopaths, many of whom are former allopaths, but who have seen the harm of Allopathy, are still governed by the allopathic delusion "to treat disease," instead of "to treat sick human beings." They accordingly use special remedies exclusively; symptom remedies, which may, indeed, check symptoms, but without taking into account the cause of the ailment, or the constitution of the patient; all of which is in accord with Hahnemann's earlier teachings. However, even if such a method of treatment were pardonable in the "younger" Hahnemann, owing to the fact that he did not understand the fundamental causes of diseases; did not recognize the truth of the axiom "If one member suffers, all members suffer," it is nevertheless inexcusable on the part of the present-day homeopaths, for they are privileged to study Iridology and thus learn the causes of disease. These physicians, however, may respond with the rejoinder that "If one member rejoices, all members rejoice,"

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which is equivalent to saying that if one ailing member is cured, the healing of this would bring about a cure of all organs involved. This is a truism which might be demonstrated in this wise; that if one cures defective skin action, this would react beneficially on all organs of the body.

If it were true that the relief of painful symptoms in any one special organ exerted a healing influence on any and all organic defects elsewhere in the body—as practised by many modern homeopaths—then we might reasonably expect that the allopathic treatment of an ear disorder, for example, would be highly beneficial for other organic lesions. But according to this reasoning, the "specialist business" both of the allopaths and the homeopaths of the earlier Hahnemannian school would be the most rational, and the methods of the later Hahnemannian school and those of Mattei—that of treating the constitution—if it were not irrational, would at least be unnecessary and should be rejected on the score of being too expensive and inconvenient.

This method of reasoning might be logical if "we" as individuals cured disease. But according to the saying "Natura Sanat, Medicus Curat," it is Nature that heals the disease, whereas the physician merely administers the "cura" or care that is essential.

Nature cures disease through the blood, and the constituents of the blood depend on the quality of food, the appetite, proper oxydation, fresh air, water, sunlight, and mental and moral attributes. All the forces and activities of the entire man are called into play to restore that part of the body which is defective; all the physical, mental and moral forces are thus set in motion in a campaign against a destructive process in any special organ.

To augment Nature's efforts, one must adopt a rational method of living which includes, where necessary, the Mattei Electro-Homeopathic remedies. The combination of all of the foregoing factors, together with the indicated Electro-Homeopathic remedies, is designed to improve constitutional conditions and also heal any specific organ that may be involved.

Much more might be written on the subject of arsenic. In conclusion, I would refer the reader to an article in my magazine "Tidskrift för Ögondiagnos och Elektro-Homeopati," 1910, with regard to Salvarsan or "606." My knowledge of the harmful effects of arsenic in weighable doses or quantities, enabled me to realize and point out the danger of the Ehrlich-Hata drug; this I did very emphatically, despite the fact that the press, inspired by the schol-

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astics, praised Ehrlich to the skies. This arsenical preparation is as yet unrecognized officially and is used only in private practice; it is most commonly known as Salvarsan. This preparation is on a par with the "blessed" Tuberculin of Robert Koch.

MERCURY

Mercury is largely used in the northern part of Sweden, not only as an internal remedy, but also externally in the form of ointments. On their journeys the inhabitants are invariably well provided with the ointment "gray salve," to combat all forms of vermin with which they may come in contact. In fact, this remedy has had such a widespread use that in this section (Norrland) many mothers, even among the better class, apply "gray salve" to the heads of their children, thus avoiding the trouble and inconvenience of resorting to the fine comb to keep the childrens' heads free from vermin. Among the Lapps the practice abounds to an even greater extent. All new-born children are given a dose of calomel for the purpose of purging the digestive tract. Strange to relate, the Lapps also consider calomel beneficial for flatulency. Among these people, mercury is looked upon as a panacea for all ills. If a Lapp happens to get a foreign substance in the eye, a mercurial pill is immediately taken. If rheumatic pains appear, inunctions of mercurial ointment are applied, and for pains in the chest the Lapp takes mercury in reindeer milk. While the mercury usually helps for the moment, the after-effect is a boring pain, and this is in turn treated with external applications of mercury, and the process is continued until frequently as much as a fourth of the Iris bears the sign of mercury.

How does the Eye Diagnostician detect that a person is suffering with mercurial poisoning? If mercury has been used in considerable quantities, after the lapse of years there appears a gray metallic ring at the outer edge of the iris. This is the characteristic sign of mercury. It should be added that in brown eyes this metallic ring has a bluish glint. If mercury has been used only in small quantities, the sign appears only in the upper part of the Iris in the form of a crescent, but does not form a ring around the Iris. On what does this depend? The Diagnosis from the Eye teaches that certain substances have an affinity for special organs and parts of the body. Mercury has an affinity for the brain. Thus, if mercury is taken internally it does not remain in the digestive tract, but betakes itself to the membranes of the brain

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where it is permanently deposited; but during its progress to the brain it gives rise to grayish-white clouds in various parts of the Iris, and only when it has reached its distinct destination does the metallic crescent above described appear. When the membranes of the brain are completely impregnated with the drug, the mercury is deposited in the bones and also in all the outer portions of the body; only then is the metallic ring at the edge of the Iris completed. The same conditions obtain when mercury is applied externally. For example, if applied to the soles of the feet, the drug does not remain at the feet but begins to seek the brain. With this elucidation we may understand why mercury is first noted in the upper part of the Iris in the area of the brain.

The following is a case in point: In the year 1897 I was consulted by a cultured young lady of Stockholm, who was afflicted with an eye disease. After completing her Diagnosis, I outlined not only the original source of the eye trouble, but stated that a contributing cause was a serious mercurial poisoning. She then related that at the age of from seven to ten she was troubled with a form of eruption on the head, which, however, was most successfully "combated" by her mother, by means of soap shampoos, etc. When fourteen years of age there appeared a serious inflammation of the eyes with the formation of growths on the cornea. Dr. N—, the most capable specialist in eye diseases in Stockholm, was consulted, and prescribed calomel. The inflammation was reduced, but then appeared a veil on the eyes, making it difficult for her to see. In the course of time she learned of Electro-Homeopathy and gave the Mattei remedies a trial, with little or no result. She then decided to take the long journey to Trehörningsjö to seek my advice. At that time, while the mercury had been present for about ten years, it had not yet reached its "terminus," for the upper half of the Iris seemed covered with a form of gray fog. In the year 1901, I again had occasion to examine her eyes and then found that the Iris was completely surrounded with the gray metallic mercurial ring, which, moreover, was so sharply circumscribed that I have never seen a more typical sign, even in a Lapplander's eyes. I could then determine what had previously been impossible owing to the mercurial clouds in the Iris; namely, that she belonged originally to the first-class constitution. This young lady is my sister-in-law. At the present time her sight is fairly good, but she is somewhat deaf, the mercury having become deposited about the auditory nerve. For this condition I prescribed

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for her, some time ago, a newly discovered Ear-Apparatus called "The Audito."

In such manner the "capable" physicians may wreck the health of a strong person, but they know not what they do; they have not been taught better. Should these lines meet the eyes of an allopath, he would doubtless be skeptical of my teachings until by practical demonstration he would become convinced of their truth and with his own eyes would have seen the signs of the drug. And yet in all probability he may never see these signs. Until he has seen the disastrous effects of mercury he may even cause as much harm as did Dr. S— of Örnsköldsvik. He had for a long time treated a young woman twenty years of age, for an eye trouble, in so conscienceless a manner, by the use of mercurial ointments, that eventually both of her eyes had to be removed surgically. In this case the doctor could not have seen the mercurial rings, as these require years for their development.

While mercurial poisoning does not necessarily cause death, or even an immediate danger to life, yet its after-effects are most serious. Everyone who has the signs of mercury in the eyes complains of boring, cutting, and shooting pains in the head and throughout the body together with a chilliness in those parts of the body where mercury has been deposited. The more mercury used, the more painful are the tortures of this drug.

Mercury, furthermore, has a most depressing effect on the brain. It exerts pressure on the auditory nerves, as before stated, and all elderly persons from Norrland, who are more or less mercurial-poisoned, are hard of hearing. It has likewise a depressing influence on the disposition.

It is not alone The Diagnosis from the Eye which condemns the use of mercury as a medicine. This is shown in a work by Dr. J. Hermann of Vienna, entitled "Die Quecksilberkur ist ein Verbrechen an der gesamten Menscheit." ("The Quicksilver-cure is a Crime against the entire Humanity.") published by Risel & Co., Hagen.

One should not confuse the sign of mercury with the so-called "annulis senilis," which is a prominent, white, cloudy ring near the edge of the Iris, seen in elderly persons.

Not long ago, while the wave of enthusiasm for the Ehrlich-Hata "606" was at its height, there had emanated from allopathic circles a criticism of mercurial treatment, which pleased me very much; although I hold that the arsenic-treatment is decidedly

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detrimental, and even more injurious than the mercurial treatment. After the enthusiasm has subsided one will doubtless note that mercury will again be extolled as the sovereign remedy for syphilis.

That this is not true, and that the treatment is most injurious, is demonstrated by Iridology. And that syphilis can be overcome without mercury is well known to homeopaths—and to more than one allopath. The above mentioned Dr. Hermann has cured syphilis without mercury. Many other allopaths have likewise accomplished the same. This is shown by a newly published brochure, by Dr. Eberth, Specialist in Skin and Venereal Diseases, entitled "Die Venerischen Krankheiten, ihre gründliche und daurende Heilung ohne Quecksselber." ("Venereal Diseases, their thorough and permanent cure without Mercury.") published by Gebrüder Frey, Frankfort a. Main, 1910, price, Mk. 1:25.

The book is interesting. Quite in line with my own precepts, Dr. Eberth teaches that venereal disorders are quantitatively but not qualitatively different. Included in the booklet are the names of the allopaths who repudiate mercury. Among others are: Nothnagel, Pick, Schultz, Levin, Hyrtl, Reich, Bennet, Herrmann. It further mentions the increasing numbers of allopaths who are curing syphilis without mercury, such as: Frieske in Hamburg, Desmelles in Paris, Hermann in Wieden.

The reader is recommended to procure this little brochure.

QUININE

The "most sovereign remedy" for malaria and other fevers, is quinine-sulphate, and this drug is indicated in the Iris by a sharp, yellow color. Taken in small quantities the sign of quinine appears merely on the "Sympathetic Wreath" in the Iris. When, however, the entire body is impregnated with quinine, as in my own case, the yellow color spreads over the entire Iris, and gives a blue eye a greenish cast. The same color is produced by the action of quinodine or "China Bark Wine." The hydrochlorate of quinine, however, produces no yellowish color in the Iris, but it leaves white clouds in the same areas as does the quinine-sulphate.

No one knows better than myself the after-effects of quinine poisoning; it has certainly afforded me no joy. A sense of heaviness and weakness over the eyes, together with ringing in the ears, are the daily symptoms of chronic quinine poisoning. While I have for more than thirty years used homeopathic remedies, I

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have not been able to eliminate much of the poison; the headache has somewhat lessened, and the color of the eyes has become somewhat lighter, but that is all. This is a convincing demonstration that quinine poisoning is practically incurable.

With regard to the effects of acute poisoning, after taking large doses of quinine, I have felt a seething and roaring in the head to such a degree that occasionally I became quite deaf. However, this was nothing compared to the mental symptoms, which are still quite strongly impressed on my memory. The last time I took quinine was in the year 1881. While still suffering with the most horrible effects of acute quinine poisoning, there came the news of the assassination of Czar Alexander of Russia, who had been murdered by bombs, and, while ordinarily I am of a warm-hearted and humanitarian disposition, at that time, I am ashamed to confess, I rejoiced, and wished that I had the power to destroy the entire world, and not alone a petty Czar. The lust to destroy, to annihilate, to exterminate, were my mental and psychic symptoms while in the throes of acute quinine poisoning. While I, of course, did not put the thought into action, there have been many striking examples of the mental state among those who, quinine-poisoned, committed acts of violence; notably those quinine-poisoned African explorers, removed from the restraint of civil law. These white men, becoming enraged at the negroes would beat and even kill them. Men, who on their native soil were humane, conducted themselves most brutally in Africa. This cruelty has been attributed to the enervating effect of the African climate together with the obstinacy of the negroes; but this is a mistake, for I know better. The reason is, that Europeans while in the tropics use liberal quantities of the so-called indispensable quinine.

In the year 1896 I read a newspaper article in the "Nya Dagligt Allehanda," several columns long, written by the Swedish traveller in Africa, Karl Petersens, with regard to Dr. Karl Peters, and in which article the nervousness of African explorers is graphically described, and which the author would explain as follows: "Everything seems to combine for the purpose of completely destroying the nervous system of these poor pioneers. Whoever has sojourned for any length of time in the unwholesome climate of the tropics, and particularly in eastern Africa, eventually becomes nervous to such a degree that not even a European "coffee toper" can conceive of it. Everything irritates, torments and annoys him. Trifles which at home he would have dismissed with

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a shrug of his shoulders, here cause him to virtually become insane and he gives vent to his fury in acts of which he would otherwise most sharply disapprove. Afterwards he invariably regrets the occurrence, but the next time this uncontrollable state of nervousness comes over him (that is, following the next dose of quinine,—Liljequist), he can as little control his outburst of rage as before....A man who, under normal conditions; i. e., in his native country, is an amiable and prudent individual, may in the tropics conduct himself in a cruel and brutal fashion. It is but natural that the stupid, lazy and unreliable negro would test his patience to the limit of endurance; nevertheless, the indispensable negro must in 99 cases in 100 bear the brunt of the irritable disposition of "the great master," as he calls the white man. I would therefore venture to say that the white man is not responsible for his acts in the tropics to the degree that he is at home, and anyone who has not sojourned any length of time in Africa cannot accurately judge to what a degree this is true. It is for this reason that I feel sorry for Peters, who must now answer for his acts, before the German Parliament. If convicted, he will be sacrificed to satisfy the so-called public conscience. My own moral sense, however, would be much better satisfied if Germany, in view of recent disclosures, would relinquish her possessions in Africa, where she can never reap any honors, and in all probability never acquire riches."

I would not approve of Petersens' method of solving the problem, but, rather, my contention would be that Germany should not give up her possessions in Africa. She should recommend to her colonists the following measures: First, live on a vegetarian diet as do the natives; Second, wear as little clothing as possible, i. e., dress like the natives; Third, shun quinine as one would the plague; and, in case of fever, employ homeopathic remedies, above all, Mattei's fever remedies. If these precepts were followed, life in Africa would be quite tolerable.

IODINE

The distribution of iodine deposits in the body are shown by red or yellowish-red spots in the Iris.

Professor Jäger has said: "To use iodine for the treatment of disease is like trying to drive out the devil with Beelzebub; the after-effects of iodine are many fold greater than the disease it-

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self." I can corroborate this out of my own sad experiences, the symptoms of iodine-poisoning manifesting themselves by frequent "shooting" pains in the head, causing one to "see stars."

As iodine spots are very much the same in color as the signs of suppressed scabies or itch, the beginner in Iridology may possibly confuse one with the other. They may be differentiated in the following way; in the itch-spots one can never see the Iris beneath the sign, as these spots seem to be "daubed" on the Iris. Further, as the itch-spots are sharply circumscribed, they appear more or less detached from their surroundings, while the iodine spots seem to blend with the Iris and their edges gradually lose themselves in the adjacent parts. By strictly observing these characteristics one is not likely to be confused as to whether a person is suffering with the effects of suppressed scabies or of iodine poisoning.

The yellowish-brown of the "mixed color" eye has sometimes been confused with iodine signs, but with practice one may avoid this error; the iodine color seems "painted on" the surface of the Iris and appears rather coarse in comparison with the natural brown Iris color.

IRON

As iron in the organized form is an important constituent of the body, it cannot be considered a poison. But, as the body needs only about one-half of a gram in order to function normally, it may be readily understood that too much iron would be injurious. Our ordinary food contains a sufficient proportion of iron for the requirements of the body.

Therefore, it is not necessary to take additional quantities of iron in any form.

Inorganic iron, however, such as is found in iron pills and mineral waters, is a poison.

This inorganic iron gives rise to a brown color of the Iris, in the area of the stomach; if only small quantities are taken, the color will be violet-brown. Iron causes a sense of heaviness in the pit of the stomach. Fortunately, however, the body is able to eliminate iron, so that, provided one discontinues the use of the drug, in time the violet-brown color will disappear.

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LEAD

The sign of lead is a gray, or lead-gray color in the area of the stomach. One may frequently observe this sign in old beer-drinkers, which is explained by the fact that beer dissolves out of the glass the lead which it contains, and as all of these small particles are deposited in the body, they eventually cause lead-poisoning.

SULPHUR

The sign of sulphur is a greenish-yellow deposit or cloud in the Iris.

ANTIPYRINE

This drug produces a pale-yellow sign in the Iris. It is invariably deposited on the Sympathetic Wreath, from which it radiates to the respective organs, most notably the brain.

With regard to the after-effects of antipyrine poisoning, the history of Maupassant, the French author, is particularly illuminating. In the beginning he used the drug merely for headaches, but later on as a stimulant to enable him to write a greater number of novels which frequently aggregated three a week. In the course of ten years the once strong and robust man had undergone a most frightful change. "His arm," related his friend Talmeyr, in Le Matin, "was so emaciated that his coat sleeve appeared to be empty, and, beneath his elegant costume, one had the presentiment of a body like a skeleton. We talked of migrain and remedies for this disease, and Maupassant said, 'Alas, I have probably suffered more from this trouble than has everyone else combined, and doubtless I shall one day succumb to it. While writing for Gil Blas and other newspapers I suffered daily with the most terrible migrain. In order to rouse myself and be able to work, I found it necessary to try out all sorts of drugs—even those which were dangerous. People have whispered that I inhale ether; that I am addicted to morphine and cocaine. This is all very true, but I know that the drug which will one day cause my death is antipyrine. Antipyrine, alas! its stimulative effects are most remarkable. As soon as I felt the pains overpowering me, compelling me to throw myself on the couch, I took a dose of antipyrine and within five minutes I was once more restored and able to resume my work. It was not long, however, before I discovered to

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my great terror that I had nearly lost my memory. And now this evil has progressed to such a degree that even while I sit and write I frequently lose an entire ordinary word,—words such as woman, child, heaven, etc., which seem to have entirely passed from my brain, for they no longer have any significance. All this is the effect of antipyrine.' And Maupassant turned from me and went wearily away." Shortly afterward he died, a sacrifice to antipyrine.

ANTIFEBRINE

Like antipyrine, antifebrine is always deposited on the Sympathetic Wreath. It resembles in form the arsenic signs, but its color is a pale-yellowish-white.

Not only do the antifebrine signs bear a strong resemblance to the arsenic signs, but I may state that antifebrine is equally as dangerous as arsenic. The after-effect of this drug is an indescribable weariness, which is not strange considering that the vegetative functions of our organism are dependent upon the active condition of the Sympathetic Nervous System, and everything that has a depressing effect on the Sympathetic has a correspondingly depressing effect on the entire body.

STRYCHNINE

The sign of strychnine-poisoning (or Nux Vomica poisoning) is shown in the form of thread-like white, or yellowish-white lines in the Iris in the area of the stomach.

Those suffering with chronic strychnine-poisoning usually complain of a burning pain in the pit of the stomach, and tightness in the chest, together with eructations.

CREOSOTE

This sign is deposited like a fog over the entire Iris. It gives the eye an appearance of being covered with the beaten white of egg. Those who suffer with creosote-poisoning complain of great lassitude.

SALICYLIC ACID

This drug gives the Iris a dirty-gray color. Persons who have been treated with salicylic acid complain of chilliness, with pains

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suddenly appearing in various parts of the body. They state that they feel well only during very warm weather.

OPIUM

The sign of opium-poisoning is a grayish-white color around the pupil. In adults who have taken many kinds of drugs, this drug sign is rather obscure as compared with quinine, for example, and hence, is difficult to discern.

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Not only these drugs change the color of the Iris; others, such as Lapis Infernalis, Potassium bromide, Boric Acid, Carbolic Acid, Hyoscyamin, Digitalin, Atropin, Chloride of Gold, etc., etc.,—all change the color and leave their signs in the Iris. They are all injurious.

* * * * *

Professor Dr. Von Jacksch of Prague, in 1910, published a large work entitled "Die Vergiftungen." "Drug Poisoning." This book contains corroborative evidence of the statements herein mentioned with regard to drug-poisoning, as well as poisoning from the Roentgen Rays. One might, therefore, expect that he would warn against poisonous drugs, but, with the exception that the author mentions the danger of quinine-poisoning, I found no such warning. Nevertheless, I would urge every reader of my book to procure Professor Jacksch's work.

* * * * *

We now pass to another class of influences which are injurious to the blood and to the color of the Iris, and we will next consider such substances as are administered by injection or inoculation.

Vaccine

Everyone is familiar with this inoculation remedy to be used against smallpox or the so-called cowpox, discovered by the Englishman Jenner. Nearly everybody recalls having been vaccinated as children; but have they by any chance contemplated the destructive after-effects of vaccination? This is doubtful. People have been lulled to sleep in the false belief that vaccination has abolished smallpox, and they doubtless also rejoice over the fact that pock-marked people are no longer seen. If such were really the case, all would be well. However, The Diagnosis from the Eye

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demonstrates that first and foremost the color of the Iris darkens after vaccination; and we know that this signifies that the entire blood stream has become polluted.

If a child is not vaccinated immediately after birth, the Iris becomes lighter in color and gradually approaches the ideal sky-blue color; on the other hand, if the child is vaccinated (it is customary in Europe to vaccinate infants.—Tr.), this salutary process is delayed for a long time. Hence, even if it were true that we could thank vaccination for the decrease in smallpox, even then this "blessing" would have been purchased at altogether too great a price because of the degeneration of the entire race.

The next effect of vaccination is shown in the form of the dark scurf rim with its serious after-effects. Furthermore, it has been demonstrated that the "child-murdering" diphtheria has become more prevalent since the introduction of vaccination. We should, moreover, look upon this disease more or less indulgently because The Diagnosis from the Eye reveals that diphtheria is Nature's effort to eliminate from the body the vaccine toxin. If Allopathy understood how to thoroughly eliminate the causes of this disease, instead of penciling the throat with antiseptics and administering allopathic drugs internally, there would be no danger resulting, for diphtheria would then be like other eruptions —a reaction on the part of the body against the after-effects of vaccine-poisoning. But, alas! diphtheria is not cured by allopathic treatment, for the poor little children die in great numbers during epidemics of this disease.

Furthermore, let us not be deluded into believing that vaccination is responsible for a decrease of smallpox, for smallpox does appear, and sometimes in epidemics, in spite of all the vaccine in the world. It is barely probable that this disease has assumed a milder character, but this is owing to improved sanitary conditions which have gradually been installed. Cleanliness, sanitation, fresh air in our dwellings, good drinking water, orderly habits of living, etc., are hygienic measures, which, I dare say, are preventive measures not only against smallpox but against all other epidemics. Because of the improved sanitary conditions introduced in our cities by health authorities, and the rigid inspection and compulsory cleanliness maintained with regard to the marketing of foodstuffs, smallpox epidemics are far less serious than before. Where filth and uncleanliness hold sway there smallpox rages; there cholera and all other forms of disease thrive.

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Was it singular that Sweden was immune against cholera when it raged so fiercely in Hamburg in 1892? In spite of the fact that we had no "cholera vaccine" we escaped the disease. No, it was not at all strange. Recent researches have revealed that two factors are neccessary in order that an epidemic get a foothold and spread; the one is a sudden and abnormal change in the atmospheric influences; the other is filth and uncleanliness. We are, of course, helpless as regards atmospheric conditions, but we are able to prevent filth and uncleanliness, and when but one of these factors exist, a contagious disease cannot increase to any extent, but will die of itself.

The people of Europe have already been aroused to seriously reconsider the question of vaccination. They have begun to realize that it would be much better to have a number of pock-marked but healthy individuals than that the entire race should become debilitated and the children die of diphtheria; this has now become public opinion. In Switzerland it has already come to pass that vaccination has been abolished in most of the cantons, by popular vote and by a most significant majority. Even in the native land of the English surgeon (Jenner), his vaccine has fallen into such disrepute that several years ago a great demonstration against it was held. At the head of a great demonstration parade a gallows was carried from which dangled a mannikin and over the head of this was the inscription: "Jenner, the Child Murderer." When the procession reached the great market-place Jenner was burned in effigy.

In Sweden, on the other hand, in 1896 the 100th anniversary of the discovery of vaccination was celebrated, while a great memorial feast was held by the Medical Society, and addresses delivered in praise of the benefits of vaccination. It was shown by statistics that smallpox had been overcome by Jenner's vaccination, and it was stated incidentally that long before Jenner's time it had been customary to inoculate against smallpox, using the virus of smallpox for this purpose. They neglected to mention, however, that Jenner himself considered that this form of inoculation was responsible for smallpox reappearing year after year, and that, according to his idea, a milder and more diluted inoculation substance should be used; this he found in the vaccine of cowpox. If a plentiful supply of this form of lymph, taken directly from cows, were available, vaccination would not have occasioned the great harm which has resulted from the arm-to-arm inoculation, and,

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of later years, the animal-virus inoculation. The latter system has been introduced because it is no longer possible to procure the genuine vaccine pustules. Jenner's original vaccine has likewise been lost.

Jenner condemned inoculation with the virus of smallpox; but he would have gained everlasting honor had he striven to abolish vaccination altogether, instead of introducing his method of inoculation with cowpox vaccine. However, such a course of action would have been rewarded with persecution instead of a national honorarium.

Those who are further interested in this matter should study "The History and Pathology of Vaccination" in two volumes, by Edgar Crookshank, Professor of Pathology and Bacteriology, King's College; a work which is the more valuable because the author undertook his studies of the subject with the expectation of defeating the anti-vaccinationists; but instead, he was impelled to become an opponent of vaccination. Thus, while the 100th anniversary of Jenner's discovery was celebrated in Sweden; in England, as might have been expected, there was no activity in this connection, whereat the Pall Mall Gazette complained in the following outburst: "In Germany, Russia, and America we observe preparations for the celebration of the 100th anniversary of Jenner's discovery. In Russia, which country has especially experienced the blessings of Jenner's discovery, there is to be published a Russian edition of Jenner's complete works. What is being done in England? Nothing, absolutely nothing! Instead, a pack of people who don't know what they are talking about attack Jenner and vaccination in a most idiotic fashion." Would they have us believe that a professor of Crookshank's standing knows nothing as compared to a newspaper writer?

We Swedes are a "slow" people, to be sure, but give us time and we will eventually keep pace with the enlightened nations. That we have begun to have our eyes opened is shown by the following newspaper article in "Vårt Land": "Vaccination has fallen into disrepute not alone with the Kaiser, but also among the inhabitants of Hessleholm. Many parents do not allow their children to be vaccinated for fear of injuring their health by inoculation with lymph taken from other children who may be afflicted with hereditary diseases.***I have spoken with parents who have four or five unvaccinated children and who declare that they would willingly pay the penalty of imprisonment rather than that the

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health of their children be wrecked by vaccination." If imprisonment of the parents would protect the children from vaccination it would be well worth while, but in Germany, the method of procedure has been to first imprison the parents and then vaccinate the helpless children. We hope that matters need not go to such an extreme in our country, for the intelligent people of today, and the enlightened members of Parliament, as well, have begun a campaign against vaccination.

The year 1903 was especially notable in the annals of vaccination in Sweden, for it was then that the vaccination question was most rigidly scrutinized by the Parliament, or Riksdag, in a debate relative to an increase of the vaccination budget, and further, because a motion was introduced to abolish compulsory vaccination. As the proceedings are replete with historical data and statistics, I would relate in detail the treatment of both of these questions by the Riksdag.

His Majesty had proposed that the Riksdag increase by 4,500 kronor, the appropriation for the promulgation of vaccination, which included the revaccination of military reservists. The Committee on Public Expenditures had vetoed the proposition on the grounds that "the expenditure would not achieve the desired results, according to our understanding of either the desirability or necessity of revaccination of militiamen." The following are the opponents of the measure; Bishop Billing, Chr. Lundberg, N. Fosser, I. Wijk, Baron Gripenstedt, F. E. Petterson, H. P. P. Tamm, K. E. Bohnstedt, Baron Klingspor, Baron Palmstierna, E. Frankel, Count Posse, all of whom vetoed the proposition of His Majesty. In the proceedings in the Second Chamber, Messrs. Lindgren, of Örebro, and Olsson of Flisbro spoke in favor of dismissing the appropriation altogether.

Herr Lindgren maintained that vaccination and revaccination are both injurious and dangerous, because in this way many contagious diseases may be spread. "The Royal Board of Medicine has admitted that 'among the diseases which may be transmitted with vaccine, syphilis is to be considered as among the first and foremost,' and I believe that this disease is already too widely spread among the recruits and the troops of the regular standing army." He also contended that excessive vaccination was responsible for the fact that tuberculosis has spread among our debilitated people to a most alarming degree. "Whereas, it is intended that this increased appropriation would be used for the

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purpose of procuring animal vaccine in order that the militiamen need not be vaccinated from arm to arm, with regard to the use of animal vaccine, I beg to refer to the highest medical authority we have in Sweden; namely, the Royal Medical Board, which states that 'microscopic examination of vaccine lymph gives us no authentic evidence as to its purity.' To this might be added the expressions of many other physicians, both at home and abroad, but I shall confine myself to again cite the statement of the Royal Medical Board in this connection and emphasize that as we have no method of examination to determine whether vaccine lymph is pure or not, it is plain that both vaccination and revaccination are to be condemned."

In conclusion he submitted statements of authorities of other countries, among whom we may mention the following: "R. Hall Bakewell, M. D., Member of the Royal College of Surgeons, formerly Vaccinator General and member of the Board of Health of Trinidad, says: 'I have very little confidence in vaccination, even as to the question of its rendering milder the disease of smallpox; and not the least bit as regards its being a preventive against malignant epidemics. As concerns myself, I contracted smallpox scarcely six months after a most severe revaccination.' Touching on smallpox among soldiers, I beg to submit what the Royal Committee in England has to say; namely, 'During the years 1860 to 1888, 3953 revaccinated soldiers were ill with the smallpox and of these 391 died of the disease.' This was certainly very defective "prevention" as the figures show that 10 per cent died. Furthermore, a prominent army surgeon says, in his report concerning smallpox in the British army in Egypt: 'In spite of all precautions observed in Cairo, and in spite of vaccination and revaccination, the disease spread more and more.' I believe that all this indicates that we should neither vaccinate nor revaccinate."

Messrs. Westring, Wawrinsky, Hörnstein, and others arose in defense of the provision and of His Majesty's proposal.

Minister Westring exhibited statistical tables which he claimed "spoke an extraordinarily emphatic language," and which furthermore demonstrated that the mortality in smallpox had decreased from 700 per 100,000 inhabitants to 50 per 100,000 as soon as obligatory vaccination was enforced. He had still more striking statistics to exhibit concerning the revaccination of army soldiers of Prussia, and he believed that "confronted with such

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figures, it was vain to try to dispute the untold value of vaccination." Yes, if there were nothing but figures to take into consideration it would be a very easy matter to believe that vaccination is of untold value, but when one has been in position to observe that vaccinated children are afflicted with chronic catarrh of the stomach, spinal curvature, caries of the bone, infantile paralysis, etc., it is then quite impossible to believe that vaccination is a blessing or of any value.

Medical Commissioner Wawrinsky stated, among other things, "To try to refute the feeble grounds—or, more correctly, no grounds at all—which our worthy opponents of vaccination present, I consider useless, for these people have never presented any valid proofs of their claims and presumably never will, regardless of how much we may demonstrate the value of vaccination either by statistics or otherwise." Such a superiority of expression is characteristic of "the learned," who, through all ages, have believed that they alone possessed a monopoly of wisdom; in spite of the fact that it has so often been demonstrated that "today's wisdom becomes tomorrow's folly." The history of medicine should enjoin these "adepts" to greater humility, for it has been shown how one of their systems after another has fallen into discard, although each in turn sufficed as the height of science. Posterity will consider that the present day vaccination is quite as absurd as we today view the work of the old blood-letting and purging physicians of the past.

Herr Hörnstein, in conclusion, considered Homeopathy as a stumbling block for the vaccination propaganda, and emphasized the necessity of revaccinating the militiamen, for the reason that the adherents of Homeopathy in Norrland refuse to vaccinate their children. He stated: "Through the beforementioned medical propaganda, if I may use that term, (he referred to my work.—L) in certain extensive sections and particularly in Norrland there has developed such an aversion to vaccination that the vaccinators who do not use force in the matter must of necessity let the children remain unvaccinated. This condition has prevailed for at least twelve years, and the time is not far distant when one may enumerate those among our militiamen who have never been vaccinated."

In the year 1911 Hörnstein died of cancer. Two months previously he wrote a letter, begging me to prescribe homeopathic remedies for him. I replied that I would willingly do this, provided

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he would come for examination by Iridology, for, until this was done I could not state with absolute certainty whether his case was curable or not. But he did not come.

Had the statements with regard to Norrland been true, I might have felt gratified over the results of my twelve years' work in that part of Sweden, where I had at any rate laid the foundation for the scientific treatment of disease by Homeopathy; but, unfortunately, official statistics showed that my work had not made the progress which Herr Hörnstein would have us believe. Statistics for the year 1902 show that in the dark Norrbotten, with its dull and indolent population, 98 per cent of the children were vaccinated; while the enlightened and active people of Stockholm have only 65 per cent of vaccinated children. As regards Stockholm, the credit for this improved condition must not be attributed to Homeopathy, as this latter is practically unknown here; it is due to the general enlightenment of the people, as well as to the fact that here and there an observing and conscientious physician informs parents, "We have at present vaccine virus which is impure, so it will be best to postpone vaccination for a while." Such expressions spread like wildfire throughout the city, and this accounts for the low percentage of vaccinated children in Stockholm. In the rural districts, however, where enlightenment of this kind is very limited, it has recently developed that there, too, people are being awakened to the inconsistency of the vaccination theory, and quickly discover when vaccine is defective. This is illustrated by the following newspaper article: "Ineffectual Vaccine."

"The press has asserted that animal vaccine procured from the vaccine depot of the Health Department at Stockholm has been found by the vaccinator at St. Malm to be inefficient. Among 140 children who were vaccinated, there was shown not the least effect. Complaint has also been received from Botkyrka to the effect that out of a number of 40 vaccinated children there have been only two successful cases. Subsequently, upon inquiry at the Board of Health, a Stockholm correspondent was informed that these reports were evidently somewhat exaggerated, and that in all cases vaccination "takes" more or less successfully, and this must always be taken into consideration as regards animal vaccine. The vaccine is tested before distribution, and if found inferior in quality, it is freshly supplied. During the summer it is especially difficult to keep vaccine in a state of purity." (Nya

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Dagl. Alleh. 7-19-1903). By this it is intended to lead the public to believe that no evil results will follow from the use of this worthless virus; that all will be well provided children are revaccinated with pure virus! The public, nevertheless, clearly understands that the introduction into the system of foreign matter, such as pus, which vaccination usually contains, is likely to have a dangerous effect upon the body. If an individual had the opportunity to observe for weeks or months at a time, the conditions which arise as a result of children being vaccinated with impure virus, he would at once see that anyone is justified in fearing its destructive effects.

The Second Chamber of the Riksdag vetoed the proposition of His Majesty, but in the general balloting it passed; as though it were merely an ordinary financial measure, and not the health, and even life, of military men which was involved. It was, however, definitely decided not to compel the militiamen to submit to revaccination, but rather to make it optional. Thanks to us homeopaths, there are now regiments wherein only two or three recruits may be found who have been revaccinated, although the army surgeons have more than once threatened to arbitrarily enforce the issue.

It was moved by G. O. V. Lindgren, of Örebro, deputy of the Riksdag, that a petition be sent to His Majesty urging a repeal of the vaccination law. The proposal was submitted to the Provisional Committee of the Lower House, and in the attitude of superiority which characterizes a Wawrinsky, the Committee first expressed its opinion of the opponents of vaccination, afterward giving a most revolting description of smallpox, selected from the writings of the prominent physician Munk of Rosenschiöld, of the year 1802, and which reads as follows: "Words fail to describe the frightful misery which humanity has suffered because of the many and destructive smallpox epidemics that have swept over the earth; to be appreciated, the conditions must have been seen, or, to be more exact, they must have been experienced by one who has had the disease. The entire body is covered from head to foot with innumerable pustules which burn like fire. The face is terribly swollen and disfigured; the eyes devoid of expression; the nostrils almost closed; the throat, wheezy, swollen and obstructed, craves water but cannot swallow it; the lungs emit a corruptive odor; tears and pus exude from the tear ducts; polluted saliva flows from the mouth; there are putrefying

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discharges from the bowels, and which often are mixed with blood and pus, and blood and pus are passed with the urine. The whole body is a raw mass of corruption, the patient is helpless and cannot bear to be touched; and, groaning and lamenting, he is able to lie in only one position; the patient is unable to sleep and the unspeakable pain and torture throw him into a state of coma and this is accompanied by a trembling of the body and a chattering of the teeth. Finally the body and face become covered with a brown crust, and the fissures in this emit an offensive, putrefying pus which seems to cut the flesh to the very bone; the victim no longer has the appearance of a human being; father, mother, sister and brother, and all those gathered about him, pray to God that he may be relieved of his daily and nightly misery and suffering. But the patient is not always so fortunate as to have death end his agony. Often, he must live, but robbed of the benefits and pleasures with which Nature intended him to enjoy life." As I read this, the thought came to me: How fortunate that in Homeopathy and Electro-Homeopathy we possess remedies for treating this malady without such complications arising; that improved health invariably follows after treating smallpox with our simple remedies, and that we are able to avoid the terrible situations which the eminent physicians of earlier times had to witness. Because of Dr. Finsen's Red Rays even modern Allopathy may pride itself on the fact that it can modify smallpox so the disease need not develop to the degree that Dr. Munk of Rosenschiöld, had allowed it to extend.

That the author of this statement by the Committee did not take advantage of the opportunity to "glorify" State Medicine by dilating on the discovery of the Finsen Red Light Treatment, is somewhat singular, and rather leads one to suspect that the quoting of Munk of Rosenschiöld was intended to frighten or intimidate the members of the Riksdag.

After this dissertation there followed the well known statistics to the effect that since the introduction of vaccination into Sweden, the death-rate from smallpox had been greatly reduced. In addition it was emphasized that during the Franco-Prussian War the Germans suffered less from smallpox than the French, because the Germans were better vaccinated, and furthermore, were revaccinated.

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The report of the Committee concludes with the recommendation that "Herr Lindgren's present motion should not be given consideration." It was signed by Bishop von Scheele.

But when the proposition was presented for consideration before the Second Chamber, the Chairman delivered a long and eloquent address in defense of his motion. From his speech, the following may be quoted: "On pages 4 and 5 the Committee describes the terrible disease of smallpox: Yes, we know that the smallpox evil was loathsomely in evidence before the introduction into Sweden of Jenner's preventive vaccination. But why? Partly because the treatment of the disease was not understood. They did not understand that those so afflicted should be isolated. The sick and the well were even allowed to sleep in the same bed; last, but not the least, the smallpox evil depended on the fact that then, as at the present time, the physicians relied on "scientific results." In order to modify the course of smallpox—which they believed every person must have—they vaccinated their patients with genuine smallpox virus by so-called inoculation. Yes, my dear Sirs, it may seem astonishing, but it was the actual smallpox virus with which they vaccinated. The physicians believed that if they infected a well person with genuine smallpox, he would have the disease only in a mild form. It was certainly a terrible period,—may it never return!***Incidentally, it may be remarked that the Committee barely referred to this condition, in the following veiled manner: 'the proportionately less favorable experiment of injecting smallpox virus into the skin (inoculation).' Jenner detested inoculation, and so he substituted this with the relatively harmless cowpox vaccination. It is but natural that after Jenner's method had triumphed, the terrible dissemination of smallpox by the physicians ceased. Hence, you see, my dear Sirs, the most important cause of the rapid decrease of deaths from smallpox! If we examine the official statistics we find that in the year 1800 there were 5,000 deaths from smallpox out of every million persons, while in the year 1801 there were only 2,500, or one-half the number of deaths. This was in the same year that, according to the Committee's report, vaccination was inaugurated in the Kingdom. This is correct, for during that year, on October 23rd, at 5:00 P. M. the first two vaccinations took place. Later in the same year several more were vaccinated, but not very many. One is justified in asking how this could bring about such a remarkable transformation. Hygeia states, page

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576 (1896), 'even as late as the autumn of 1801, they were not yet inclined to experiment with vaccination either at the Capital or the Collegium Medicum.' It was not until the end of October that vaccination was introduced into Sweden; it is therefore impossible that any effect could previously have been noticed, for they did not wish to experiment with it at the Collegium Medicum. During the year 1802 the death rate from smallpox was not more than 600 per million inhabitants, and even then vaccination was extremely limited. We observe, therefore, by these indisputable figures that the smallpox epidemic had already considerably abated before vaccination was introduced into the Kingdom. The mortality from smallpox decreased to less than one-fourth during the years 1801 to 1805, and this, in spite of the fact that so very few were vaccinated. At that time there were very few physicians and communication between them was difficult. During the years 1806 to 1809 the mortality from smallpox increased, notwithstanding there were many more vaccinations than during the preceding period mentioned. This would all go to prove that the smallpox epidemic was decidedly on the wane, despite vaccination; and, what is of greater importance, the physicians, as beforementioned, ceased to spread the disease miasm by inoculation. In general, one should not depend too much on statistics, for it is possible by this means to prove almost anything. For instance, I can demonstrate by statistics that the number of conflagrations in Sweden have decreased since vaccination was introduced. I can likewise prove that the number of wild animals have diminished since the introduction of vaccination; not to mention other examples. Where two conditions occur simultaneously it does not necessarily signify that one was the cause of the other. Coincident with the decline of smallpox, wars in Sweden ceased; Gustavus Adolphus was expelled; and the lineage of Bernadotte ascended to the throne. The Committee states also, page 12, that a great portion of the inhabitants who are not vaccinated fall victims to the disease with the first smallpox epidemic; but I will not admit that this is correct. Scientists in Stockholm have informed me that the epidemic was very rapidly limited by isolation and disinfection. I know a family in Eastgotland consisting of six persons; immediately smallpox appeared in this locality, four members of this family were vaccinated, and the other two were not vaccinated. The four vaccinated persons contracted smallpox, while the

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two unvaccinated were not affected. These figures are significant, even though they are small."

Thereupon Herr Forsell scrutinized the smallpox statistics more in detail, and we give the following extracts from his speech: "In its report, the Committee states among other things: 'Smallpox and spotted fever were in the eighteenth century the deadliest of all visitations in Europe, and were so general that hardly anyone escaped them. Approximately one-twelfth of all deaths at that time were due to smallpox alone.' The report, in order to demonstrate that vaccination had done so much greater good, would seem to indicate that during the latter part of the eighteenth century, smallpox had reached the culmination of its contagiousness and fatality. It is not a fact, however, that a contagious disease is most contagious and most fatal after it has raged for a long time in a localized section, as had smallpox. The Committee admits that smallpox had existed in our part of the world for a period of one thousand years. According to corroborative evidence of authorities, smallpox appeared in Europe more than one thousand years ago and was as deadly as the worst plague, causing the death of from 50 to 60 per cent of the population, i. e., more than one-half, whereas, at the close of the eighteenth century the mortality was only 274 per 100,000, or less than one-third of one per cent. Now, what was the cause of smallpox mortality diminishing from 50 or 60 per cent to less than one-third of one per cent? It is nothing more nor less than the inherited natural immunity. The weak and susceptible individuals died in every epidemic; the number of those who had strong powers of resistance increased correspondingly, and owing to these facts the frequency of smallpox decreased quite naturally. Then we come to the time when vaccination was introduced. An epidemic of smallpox occurred not only in Sweden, but elsewhere in Europe, including England, and then appeared Dr. Jenner with his new vaccination. In Sweden, during the years 1796 to 1800 there was a mortality from smallpox of 202 persons in 100,000, but following the year 1800 the ratio suddenly decreased by more than one-half. This was attributed to vaccination, but when we ascertain the correct number vaccinated, we find that this was a mere handful; the Committee states that it is unable to supply figures as to this. It is a certainty, however, that only in cities such as Stockholm, Upsala, etc., was vaccination practised, and was rarely met with in the countryside. Thus the figures represent-

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ing the death rate in smallpox decreased before vaccination was introduced, and this was the case throughout Europe, although vaccination is given credit for this. Meanwhile, vaccination was introduced, and then, in the beginning of the 1870 decennium, came an epidemic of smallpox which raged throughout Europe. In spite of vaccination the numbers of smallpox cases increased enormously, but decreased when the epidemic had passed. In Sweden the death rate decreased from an average of 370 during 1870—1875, to 70 during the years 1876—1880, but the Committee gives no reason for this. Even in Germany a like condition obtained, and there smallpox has likewise waned. In 1871 the death rate per million was 2,432; 2,623 in 1872; 356 in 1873; 95 in 1874, and 36 in 1875. It so happened that on the 8th of April 1874, a more rigid law was enacted with regard to vaccination, and the decrease in smallpox in Germany has been erroneously attributed to this law. This particular law, however, was not enforced until April 1, 1875, or one year later, and in the beginning was applicable only to children born after that date. The effects of this law would thus be first in evidence in 1876, and consequently, it could not have been responsible for the decrease in death rate previous to that date—the effects could not have appeared before the cause. The Committee states further, 'the opponents of vaccination who style themselves "Homeopaths," "Nature Cure Physicians," or whatever additional titles these persons may have been pleased to assume, have it in their power to influence and mislead a great many well-meaning but innocent persons;' among these the Committee names Dr. Melander, but fails to mention Dr. P. A. Siljeström. The latter is not an "innocent" person, for he has very sharply criticised vaccination. In other countries there is at present a host of prominent physicians who vigorously oppose vaccination. In New York, U. S. A., Doctors Foote, father and son, state in their large work "Plain Home Talk," that 'Vaccination is the greatest aberration that has ever existed;' and Dr. Carlo Ruato, Professor of Medicine at the University of Perugia, Italy, and publisher of a very celebrated medical magazine, says: 'Vaccination is one of the most serious and fatal blunders into which the medical profession has ever fallen.' "

Herr Österberg said that he rather entertained the idea that here was an old custom to which the physicians held fast, and which was so difficult to abandon because it was a fetich, or an article of faith in their creed. "I believe that in the past several

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decades during which the inoculation method against smallpox has been in vogue, much more harm has been wreaked upon the Swedish people than if one had never made use of this method. Futhermore, physicians declare that vaccination is effective only ten years at most. It must therefore follow that a large proportion of the nation is exposed to smallpox in the event that not every one is revaccinated every ten years. This phase, however, is not to be considered in the discussion at hand, as no definite data has been accumulated in this connection. I cannot, therefore, understand why the cause of vaccination is so energetically championed as in this case, unless it were an old dogma which must be supported by the corps of physicians. It would seem, speaking bluntly, that inasmuch as they would compel the Swedish people to transmit to their children a contagious miasm, a strong voice needs to be raised, that under no circumstances are children to be vaccinated unless animal vaccine is used."

Lektor Waldenström expressed himself, among other things, as follows: "There is further stated in the report of the Committee, 'that since bacteriology has opened our eyes for research as to the nature of contagious diseases and given us an explanation of the operations of preventive vaccine methods, it cannot but cause surprise that individuals with a sort of pretension of science continually appear, and oppose vaccination,' and Dr. Melander is then cited as an example. On the other hand, I would cite some familiar opinions from the opposite source. Doctor Vogt, Professor of Hygiene in Bern, Switzerland, stated that the repeal of compulsory vaccination laws operated to the benefit of the country. Furthermore, Doctor Bilfinger, Health Commissioner of Stuttgart has expressed himself, as follows: 'We must most zealously work to the end that the highly important question of cowpox vaccination be subjected to a renewed unpartisan and scientific investigation, for the compulsory law causes yearly untold harm.' I would present still another authority; namely, Dr. Schweninger, Chancellor Bismarck's private physician. He says: 'I have quite recently expressed myself as against compulsory vaccination, although I know that the majority of physicians are of another opinion. I am not rabidly opposed to inoculation; but I am as convinced of the value of cowpox inoculation, particularly during an earlier epoch, as are all these gentlemen regarding vaccination, and who would enforce the law concerning it. But the question is not as yet settled as to whether smallpox vaccination,

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which was introduced 100 years ago, has the same function to fulfill today as then. We must remember that other epidemics have visited us and receded; that leprosy, the plague, etc. have passed or disappeared without our being inoculated against them. Who knows but that smallpox may recede in extent and severity without vaccination, and that the European peoples, generation after generation, have become more immune against smallpox contagion?' One would hardly say that all these gentlemen had merely a "pretension" of science. I do not wish to go on record as advocating the abolition of vaccination; but on the other hand, I favor repealing the compulsory vaccination law, so that those who do not wish to have their children vaccinated may escape it. When, a few years ago, the question arose as to revaccination, we had nearly arrived at the point that everyone must be revaccinated; but fortunately nothing came of this. As one of the preceding speakers has observed, the physicians themselves admit that after nine or ten years, the preventive effects of vaccination are gone. Then, all of us present in this chamber are practically the same as unvaccinated; consequently, I can conceive of nothing else but that we must all be revaccinated. The Committee now reports, 'We may thus see how vaccination has diminished smallpox.' But, have we seen this? We have seen how smallpox has receded, but not that vaccination was responsible for this condition. In the year 1834 we had a tremendous cholera epidemic. Never since have we witnessed such an epidemic. If we imagine that in 1835 some "wise" physician had invented a vaccine against cholera, what would the worthy professors and the medical board say today? They would exclaim: 'Here we may see what vaccination has accomplished! Since 1834 we have never had a real cholera epidemic in our country; those cholera cases which have occurred since then have never developed into epidemics.' One might say the same thing as regards the plague and spotted fever. Spotted fever is an especially remarkable example; it has already been submitted. The Committee cites a particularly striking case concerning the Franco-Prussian war. While the Germans were in extraordinarily few cases affected by smallpox, the French were heavily involved. And, naturally, it was revaccination that saved the Germans! But at the time of the war it was explained that the French cared for their wounded in closed houses, whereas, the Germans used sanitary tents with good ventilation. I recall very well that the matter was so explained at the time. During this

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period there raged a teriffic smallpox epidemic throughout Germany, but this was due to the fact that the hygienic regulations were not so well observed in the cities as in the army; for it is necessary in an active army to observe the strictest sanitary measures in every respect—and such is not the case among people at large. The Committee reports further: that 'In the face of such facts, to dispute the value of vaccination must appear to every thoughtful person as almost incomprehensible.' However, this "excellent array of arguments," according to Professor Wallis' conception, is not sufficient to convince me that there is much justification for vaccination."

In defense of the Committee's report which was so drastically treated by the speakers previously mentioned, there appeared a professor, a medical commissioner, and a bishop. Those who had "might" on their side claimed the victory. The motion was lost by a vote of 55 to 95. We may yet hope that when universal suffrage is a fact, and consequently more intelligence is introduced into the Parliament, the motion will be won when next it shall be presented for balloting.

As to whether vaccination is the cause of cessation of smallpox cannot be proved by any sort of statistics; for one may prove by statistics practically anything and everything. The practical method of procedure would be to abolish vaccination for a period of, let us say, 100 years; should it then be shown that in spite of isolation and the rational treatment of smallpox patients, the same disastrous results occurred as in the eighteenth century, it would clearly indicate that the "vaccinationists" are correct, and we, wrong. But, regardless of statistics, Iridology proves that every person is injured by vaccination; and that scrofula, anemia, spinal curvature, hip disease, caries of the bone, tumors, cancers, tubercles, infantile paralysis, etc., have their origin at times in vaccination, sometimes in drug poisons. Munk of Rosenschiöld stated that one-twentieth of the race lost their beauty and form, because of smallpox. But what is this, as compared to the harm caused by vaccination and drug poisons? Through these factors practically the entire people lose their beauty and physique. Whoever has noticed the appearance of people may everywhere verify the disparaging observations made by "Steffen" in the "Comments Department" of the Stockholm newspaper "Nya Dagliga Allehanda" 6-20-1903, with reference to the women of the middle class of Stockholm: "It seems to me that the people of the lower

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classes here in Stockholm have a more or less sickly appearance, and this especially applies to women. Those who have reached a mature age are either puffy and fat with unsightly, bloated figures and drowsy-looking eyes, or they are thin and impoverished with angular forms and a sharp expression of the eyes. The young girls are all too thin and not seldom seemed fagged and exhausted."

But the women even of the higher circles betray diseased conditions; paleness, corpulency and obesity is the rule among both young and old; one may frequently see women with spinal curvature, more often those with oblique noses—a sign of inharmonious development of the body, as the nose "points" in the direction of the weaker half of the body. Conditions are somewhat better among the male sex; one may still see good looking men in all classes of society. Stockholm may also exhibit many beautiful children; but being vaccinated they soon become victims of State Medicine, and thus lose what they promise to become. And what applies to Stockholm may be said of the entire population of Sweden, yea, of all cultured peoples.

That even foreign countries have had their attention drawn to the degeneration among cultured peoples and have begun to inquire as to the cause, is indicated by this extract of an address delivered by Dr. Alsberg at the German Congress for Medical and Natural Research, at Kassel, September 23, 1903.

"When in these days so much is said with regard to the impending physical degeneration of civilized peoples, the question naturally arises: Upon what does this degeneration depend? Further, of what does it consist, and how does it manifest itself? By this degeneration is not meant any organic change whereby certain more or less unimportant organs may have disappeared (for example, the nose, or the skin, or the external tissues or cartilage of the ear, etc.,), but we refer to such deviations from the normal that produce a lowering of vitality from generation to generation.

"The most important and fundamental factor in this hereditary degeneration among cultured people is an absence of natural selection—the segregation of the weak individuals of the race—which obtains among aborigines. The medical art, whose function it is to keep alive as long as possible those persons who are physically disabled, in spite of its humane purpose, thereby injures the entire race, inasmuch as such individuals, who, for decades perhaps, merely exist half alive, are permitted to transmit their dis-

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eases or weaknesses to posterity. Whereas, wars and feuds among the aborigines exert a favorable influence upon the race by making possible the survival of the fittest, exclusively, at the expense of the weak; on the other hand, among cultured people war primarily destroys the flower of the race. In most European countries a man who is physically disabled or weak is rejected from military service, and, marrying quite early, produces a large family; whereas, the strong and healthy man, because of military service, is prevented from forming family ties in early youth. The latter's family is consequently smaller than that of the beforementioned deficient individual.

"Just as military service on the one hand contributes toward giving the deficient element advantages in the propagation of the race, there are to be found innumerable additional circumstances which operate in the same direction. It is a well known fact, for example, that in the selection of a mate, in civilized countries the physical and mental attributes do not play as important a role as do position and fortune. Futhermore, there are occupations with certain restrictions wherein the individual is not permitted to enter upon the matrimonial estate, or at best, very late in life. This applies, among others, to the corps of army officers, for, among the military, particularly in Germany, the greatest percentage remain unmarried; very often dependent on economic conditions. It is well known that a German officer is not permitted to marry unless he show that he has a certain income specified by law, or that he will come into possession of an income through his wife. Further, it has been determined that men who have come to the cities from the country marry rather late in life, and this accounts for the fact that their children are fewer and weak. Even though, up to the present time, the growth of the population in the industrial centers of Europe—with the exception of France—continues, there are certain conditions which indicate that a fear of a decrease in the future is not unfounded.

"That chronic alcoholism as a cause of hereditary degeneration exerts an untold influence, is familiar to everyone who has paid attention to the demonstrated facts that there is a connection between a great share of disease and the abuse of alcohol. Scientific investigations have demonstrated the Scriptural quotation that 'the sins of the father are visited upon the children, even unto the third and fourth generation.'

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"Among the ailments which exert an important influence on social conditions, we find primarily the increasingly prevalent sexual, mental, and nervous diseases. The circumstance that men either never or relatively late in life arrive at that position which would permit them to marry, is responsible for their patronizing prostitution, where, in most cases they acquire diseases which leave their effects for the remainder of their lives. Nervous and mental diseases are the accompaniments of an irregular life, just as this in turn is in many cases the inheritance from a previous generation's debauchery.

"As regards women in particular, two conditions exist which indicate an increasing deterioration of the race: the fact that a normal birth without surgical assistance is becoming rare; the inability of mothers to nurse their children is on the increase. With reference to the latter, the lack of development of the mammary glands resulting in the inability to nurse children, is to a great extent caused by the present day fashionable dress,[1] as well as from the abuse of alcohol, that is, the constitutional weakness which a father acquires by intemperate use of alcohol is frequently transmitted to the daughter, and manifests itself in this inability to nurse her children."

According to Dr. Alsberg, the possibility of counteracting this racial degeneration lies in the strenuous combating of the liquor traffic and alcoholism, and the enactment of laws requiring a certificate of health before entering upon the marriage estate.

We may heartily endorse what Dr. Alsberg has here stated, but it would be too much to expect that he, being an allopathic physician, would advance the idea that vaccination and poisonous drugs are the most terrible causes of the degeneration of the race.

To return to the subject of the beautiful children of Stockholm, we would say:

You mothers, if you would see your beautiful children grow up and retain their beauty, remaining strong and healthy, a joy to all who may see them, protect your loved ones from poisonous drugs, for if you do not, their eyes will become ugly, and their beauty of form will disappear, and will exemplify the word; "Is thine eye dark, so is thy whole body dark!" But if your children are still in the cradle, and you are in a quandary to know whether to obey the dictates of the medical powers, or of common sense, with re-

[1] Not true. It is due to vaccination, and may be cured by the Homeopathic remedy Thuja. The author.

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gard to vaccination; if you fear legal difficulties or "scandal" because of not having your children vaccinated, then choose the lesser of two evils; use "human lymph" taken from a healthy red-cheeked child, as this is not as dangerous as "animal virus," which is either pus, exclusively, or contains pus, and should therefore never be used. Afterward treat your children, in accordance with the homeopathic method, with Kalium Chloratum in the 6th potency; they will thus escape the most serious sequellae of vaccination, acquiring, however, a chronic catarrh of the stomach, which latter they will retain the remainder of their lives.

In the year 1908 the Riksdag appointed a Commission to investigate all phases of the vaccination question, as affecting Sweden. Our conservative Government placed this investigation in charge of the Medical Board where a Committee would be composed of allopathic physicians only (and these physicians would prefer to retain vaccination, for it is a prominent source of revenue). The Medical Board appointed on their Commission Professor Arrhenius, winner of the Nobel Prize, and Dr. Larsson, of Gefle. Under such auspices we need not hope for much good from the Commission, and so much the less, since the conservative Government, in a most partisan manner, recently consented to an appropriation of 1,200 kronor for the distribution of a brochure in the interests of vaccination. Only when the Government is critically affected can one look for anything favorable.

It is imperative that vaccination be abolished, for animal lymph is seven times more injurious than the original Jenner's lymph. In the public schools of Stockholm twenty-five per cent of the pupils suffer with spinal curvature. Infantile paralysis is frequently met with. The reader is recommended to procure Dr. Bilfinger's brochure entitled: "Genickstarre, Kinderlahmung und Impfung," ("Tetanus, Infantile Paralysis and Vaccination") published in 1910, by Lebensreform, Schöneberg, Germany.

In a Stockholm newspaper of January 26, 1906, appeared the following: "The Illness of the Grand Duke of Luxemburg." "The Grand Duke's private physician, Dr. Gröschl considers the condition of the patient as being relatively satisfactory. The disease symptoms, paralysis and the loss of the power of speech, are attributed to the effects of a recently performed revaccination. At the same time, there were revaccinated a number of other persons in the Castle Hohenberg, who were inoculated with lymph out of the same tube as was the Grand Duke, and became ill, accom-

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panied by the same terriffic symptoms. Prior to the revaccination, the Grand Duke was perfectly well, as were likewise his subjects, since made ill."

This incident inspired the thought that when a greater number of prominent people were affected in a similar manner, we would then have some hope of escaping vaccination which is always injurious and never beneficial. Who believes in vaccination, let him be vaccinated. However, it should be strongly forbidden that innocent children be vaccinated, and the English law should be inaugurated, which frees from the responsibility of vaccinating their children, those parents who believe that vaccination is a violation of the Fifth Commandment.

The halo which even up to the present day has surrounded the English surgeon's discovery of vaccine, has stimulated other investigators to strive for the same sort of glory. And at present there is keen competition in the effort to make humanity happy by means of new poisonous serums. The most renowned of these discoverers are Pasteur, Koch, and Behring.

The first named, as is well known, has discovered a positive cure for rabies—a remedy for hydrophobia, and has succeeded in developing his discovery to such a high degree, that, for example, a Russian bitten by a mad wolf, died of rabies canina, and another person bitten by a dog that was not affected with rabies, nevertheless died of hydrophobia, thanks to Pasteur's rabies vaccine. However, I have not had occasion to study the influence that Pasteur's vaccine exerts on the color of the Iris and on the constitution, for the reason that no mad human beings have come from Pasteur to me for examination.

I have, however, had some considerable experience with the lymph of Koch.

Tuberculin

By means of this remedy, many patients suffering with pulmonary diseases have been in a very short time completely freed from the trials and tribulations of this life. To try to cure consumption must be recognized by every thoughtful person as a chimera, when one considers that it is beyond human power to create new lungs. In spite of this fact, newspapers of all ranks and classes have joined in acclamations over the "brilliant" discovery of Koch. On this occasion the press was really in unison in their expressions of approbation. In fact, the applause by the

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undiscriminating press was so pronounced that they were afterward more or less ashamed of their misguided enthusiasm. This acclamation alone should have been sufficient to convince every thinking individual that the new remedy for consumption must doubtless be humbug, for in this stupid world of ours it is usually the case that every new truth and every new discovery of merit must first be crucified before it can take up its march of triumph throughout the world. These were my thoughts at the time Koch's discovery was first announced, and I was among the first who scouted the value of the new remedy, and subsequent developments verified my opinions.

Meanwhile they began to use Koch's lymph in Sweden, and many simple minded persons hastened to receive the supposed benefit to be conferred by this "blessing." And what influence did Tuberculin exert on the color of the Iris? A young man from Matfors had gray eyes before he journeyed to Berlin; when he returned after having been inoculated with Koch's serum, his eyes were of a grayish-black color, a sign of a most serious blood dycrasia; furthermore, about two months after his return, he died of tuberculosis of the throat. In another case, that of a gentleman from Stöde, both eyes were light blue when he began his journey, to be inoculated; on his return, one of his eyes had changed to an extremely dark blue color. It had aroused his attention and great astonishment to find that his eyes had become differently colored after the inoculation. While this change in the color of his eyes indicated that he was not so seriously injured as the first mentioned individual, and he survived the inoculation two years, nevertheless, he died of hemorrage of the lungs.

While these two cases do not represent a great wealth of material, they should nevertheless be sufficient evidence to open the eyes of the public as to the exact status of Tuberculin as a "healing" power, thus every tubercular case should give serious thought before submitting himself as a subject for experimentation.

The State should permit and protect free research and tolerate investigators of all kinds, but it would be highly desirable that before these gentlemen are permitted to "save the race" by their new and untried inoculation serums, that they *first test the remedy on themselves;* as the homeopaths invariably do. If the remedy were a poison, a healthy person would naturally not run as much risk as would a sick individual. If, then, the discoverer

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survived the effects of an "epoch-making discovery," and further, if Iridology demonstrated that his eyes did not darken after such an inoculation, then might we consider the remedy as harmless, and it could be placed on the market. In spite of my inclination to humor the Royal Swedish Medical Board, I cannot but propose this most secure method of safeguarding the health of the public. A provision of this kind would no doubt somewhat cool the mania of certain bacteriologists in the matter of "discovering" newer inoculation serums; but it would redound to the benefit of humanity, and to the relief of those animals which are forced to undergo indescribable agony in the experimentations of the bacteriologists. It fills one's soul with sadness to contemplate the innumerable animals immolated, and the many human lives sacrificed in such experiments, in the mistaken belief that by this means they may be of service to humanity.

Fortunately, Koch's lymph soon became discredited, but this fiasco, however, did not deter him from once more coming to the front with a new and "improved" Tuberculin, which was supposed to retain the healing power of the old serum, but without the disastrous after-effects. When we consider that a poison as dangerous as Tuberculin must needs be diluted to the 200th potency, in order to avoid unfavorable results, and that Koch's new remedy was prepared in accordance with the same principle as the first serum, although filtered and clarified, it would be easy to foresee that Koch had this time, also, promised more than he could fulfill. Again, sanguine and hopeful consumptives flocked to Berlin seeking to be cured by Koch, and many young physicians undertook a pilgrimage there to be enlightened by this great light of science. Even our considerate Government did its best to promote "a treatment based on a scientific foundation," and at once appropriated 1,000 kronor for the medical clinic at the Seraphim Hospital, and to the Bacteriological Laboratory of the Medico-Chirurgical Institute an additional 1,000 kronor was donated for examination and testing of "Koch's New Tuberculin." The value of the new Tuberculin was speedily determined, and the following is the report of the final outcome, which Dr. Selander gave to an interviewer of "Dagens Nyheter," in 1897. "The investigations are concluded, and the results may be stated in this wise: Koch's new Tuberculin certainly has no appreciable therapeutic value. Hence, it cannot be at all recommended for consumptives. In addition, it commands such an unreasonably high price that this fact,

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even if the remedy were of any value, would prevent it from becoming generally used by poor patients; and we must designate the new Tuberculin as a humbug, and the sale thereof as purely a commercial, mercenary proposition."

This last accusation must be credited to Dr. Selander, alone. While I, personally, have ridiculed Koch's discoveries, and held his Tuberculin in the light of a joke, I have never considered Koch as actuated by purely mercenary motives, for I have known all along that he was on the right road—the Isopathic-Paracelsian—and I furthermore know that Dr. Burnett, of London, has cured tuberculosis with this remedy, in homeopathic potency. (See his "New Cure of Consumption," third edition, 1894).

In 1903 I suggested to the Nobel Prize distributors that they present to Robert Koch a "conscience prize" for the reason that after he had "pulled the Government's nose" and destroyed the export of beef cattle from our country to England, he, in 1901, frankly admitted that his teaching was wrong. He did not receive a "conscience prize," as there was none to give, but he was given the Prize for Medicine, probably because he discovered what is generally believed is the cause of cholera, the so-called cholera bacillus. This, however, is not the cause of cholera, but is the concomitant thereof. The doctors always turn matters upside down.

I had also recommended that Professor Metchnikoff be awarded a Nobel Prize, because he had succeeded in inoculating syphilis into a chimpanzee. This recommendation, however, was of no avail, for the reason that the chimpanzee had so little consideration as to die very suddenly.

Several years ago Metchnikoff really received the Nobel Prize for his discovery of the beneficial effects of minute doses of drugs. I wish I might have seen the faces of the allopathic members of the Institute, as Metchnikoff in his speech condemned allopathic drugs, and highly praised homeopathic dilutions. In spite of his inadvertent endorsement of Homeopathy, I should not have recommended Metchnikoff to renounce Allopathy and embrace Homeopathy, for it would then have been hopeless to become a "Laureate de Nobel."

In 1893, when I published the first edition of "The Diagnosis from the Eye," I expressed the conviction that without doubt other physicians would follow in the footsteps of Koch, and continue on the road he has blazed, in the desire "to save humanity" with new

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serums. This has come to pass, and the new remedy following Koch's Tuberculin, which has been most widely heralded, is Behring's Antitoxin for diphtheria.

Behring's Antitoxin

The brilliant results achieved by the homeopaths in the treatment of diphtheria would not admit of the allopaths remaining idle. And as the allopaths had too greatly defamed the homeopaths, they naturally would not recognize homeopathic remedies. It was, therefore, necessary to achieve something quite different, and so Professor Behring discovered a new serum, which was to serve the purpose both of curing diphtheria and acting as a preventive of the disease. Previously, the allopaths had had the greatest misfortune in the treatment of diphtheritic cases, as almost 50 per cent of their patients died; the mortality records showed 46 per cent. In accordance with certain statistics, the fatalities were reduced to 14 per cent where Behring's serum was used. While the allopaths consider that Behring's discovery marks an important step forward, Homeopathy, on the other hand, is ten fold superior, as the mortality figures under this method of treatment are merely 1 to 2 per cent. The price of a "serum-cure" for diphtheria is rather high, being 30 marks, but the cost would be of little moment, provided it were actually possible to cure diphtheria with the new remedy. Nevertheless, the homeopathic treatment is much cheaper—about 1 to 2 cents, in the most serious cases.

It would doubtless be of interest to the reader to learn how the new serum is prepared. According to the "Homeopatische Monatsblätter" (Page 181, 1894), the process is as follows: A specimen of diphtheritic membrane is put in gelatine, and in this favorable medium the bacteria propagate, increasing to colonies numbering several million. This culture is then put in bottles of bouillon and placed in an incubator. Here the bacteria further develop, until a grayish deposit forms on the bouillon. Gradually the bouillon loses its transparency, becoming filled with the products of metabolism of the bacilli, or the excrements of the germs, which is the specific disease toxin. At the expiration of a considerable length of time the bouillon is completely filled with this poison. To preserve it, carbolic acid is added, killing the bacteria, but it does not minimize the virulence of the culture. (This reasoning is, of course, purely "allopathic logic;" we homeopaths

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consider that nothing more nor less than a fermentation has occurred, and which has been checked by carbolic acid.) To test the activity of the culture, a quantity is injected into a guinea pig. If the animal dies within 24 hours, the culture is deemed to be active. Thereafter, a horse is daily inoculated with progressively increasing quantities of the serum. Cattle, sheep, and mules are also used for this purpose, but horses are preferred as they have the greatest quantity of blood, and the toxin is thus diluted and rendered less dangerous. After the lapse of six months, blood is tapped from the horse, and after fourteen days this proceeding is repeated. The extracted blood is preserved for 24 hours in a refrigerator, and at the expiration of this period the solids are precipitated, and the pale blood-serum at the top is drained off. Hence, the name "Diphtheria Serum." To preserve this serum, a weak solution of carbolic acid is added and it is then ready for injection.

The editor of the above mentioned magazine observes: "Sixty years ago, when Dr. Lux, the veterinary of Leipzig made public his experiences to the effect that the diluted, i. e., homeopathically potentized product of a disease was the best remedy for that disease (Isopathy), he was held up by the scientific authorities, and their brainless mimics, as a great charlatan and swindler; and this, in spite of successes Lux had achieved even in the most serious diseases of animals. But now, when an allopathic physician has "invented" a circumstantial remedy, but one which is profitable for physicians, pharmacists, and the chemical laboratory, and based on the same principle which Dr. Lux had discovered, the previously ridiculed Isopathy is suddenly placed on a scientific basis. But perhaps it is the nearest "roundabout way" to Homeopathy."

We should now hear Professor Jäger's judgment with regard to the new diphtheria serum, and we have so much the greater cause to value his opinion inasmuch as it was he who exposed Koch's discovery. Professor Jäger's treatise in number 11 and 12 of "Jäger's Monatsblatt," 1894, begins as follows: "Precisely as in the case of Professor Koch's first announcement with regard to Tuberculin, but with possibly a little more piano, there has been struck up by the newspapers of the present day, a Hosanna in honor of the Behring Diphtheria Serum." Further is stated: "If Professor Behring, in his article directed against Virchow, would have us believe that his discovery is a particularly re-

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markable one, and something previously unheard of, it merely demonstrates that he is not very familiar with the history of medicine. I would call the attention of the reader to the fact that two-hundred and fifty years before Koch's Tuberculin episode, Fludd, in his "Philosophia Moysaica," wrote: "sputum rejectum post debitam preparationem curat phthisin,' (the phlegm discharged from the lungs will cure tuberculosis, if properly prepared). Here, then, is a case where it would appear that the egg would be wiser than the hen."

The objections which Jäger has urged against Behring's Antitoxin, may be summed up as follows: 1. The injection of any substance into the blood is always dangerous. 2. The remedy is prepared from an old animal, whereas the patient is usually a young child. 3. The carbolic acid solution is dangerous, being in poisonous quantity. 4. The specific disease taint of the horse is included in the serum; one must not ignore the possibility of such idiosyncrasy. 5. Quite frequently, another dangerous disease is complicated with diphtheria, and the new remedy would be of no avail against this. 6. The price is too high. If it is to be generally sold by pharmacists, how would a sufficient number of horses be procured for its preparation?

Jäger continues: "As I previously stated with regard to Koch, the same applies to Behring; their methods are merely a corruption of Isopathy, and if they believe that they can achieve better results than the old Isopathists, Paracelsus in particular, they are greatly mistaken."

Concerning Behring's method of preventing diphtheria among children by inoculation with Antitoxin, Jäger says, in conclusion: "Isopathic preventive inoculation is to be condemned in all cases, and in the interest of hygiene, should be energetically combated. Where this is practised, as is the case with smallpox inoculation, steps should be taken to abolish it, for the reason that this artificial immunity is achieved only by a change in the constituents of the blood—a circumstance long known to every thoughtful person—and while this has only recently been scholastically demonstrated by Dr. Behring's experiments, it is, nevertheless, accompanied by a lowering of resistance against other disease processes. The isopathic preventive inoculations are to be condemned primarily because it is absolutely impossible to inoculate against all diseases."

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At first it seemed that Behring's diphtheria treatment would not enjoy much of an existence, or future. There were certain allopathic physicians who had even written its obituary. An article in the "Schwabische Mercur," November 29, 1894, is as follows: "At a well attended session of the Medical Society, in Berlin, Dr. Hansemann, Virchow's assistant, delivered a sensational address concerning diphtheria and the serum-treatment, stating that he had arrived at the following conclusions, which are based on careful provings of bacteriological experiments and precepts, on an enormous amount of clinical material, and on autopsies, which he himself had performed: 1. The Löffler Bacillus is not the specific cause of diphtheria, for it is to be found not alone in diphtheritic cases, but likewise among well persons, and even in the conjunctiva of the eye. 2. The immunizing effect of Antitoxin has not been demonstrated; numerous cases of diphtheria have developed in spite of a previous injection of the serum. 3. It is not a specific remedy, for evidence of its indisputable curative effects is lacking. 4. Many inoculated children have died, on the first day of the disease, and this even in apparently light cases. The statistics with regard to the effects of Antitoxin show no better results than do other allopathic methods. 5. The diphtheria serum is not harmless, but produces articular rheumatism, and frequently, fatal kidney inflammation."

Another opinion is as follows: "With regard to the injurious after-effects of Antitoxin, Dr. Cnyrim submits a contribution to the "Deutsche Medizinischen Wochenschrift," having to do with cases at the Frankfurter Heiliggeist Hospital. The cases concern two assistant physicians at the hospital, Doctors Gallus and Korte, both of whom were inoculated with Antitoxin for a throat ailment. A nettle-rash, muscular pains, glandular swellings and fever appeared in the case of the one, by the second day, and in the other, by the fifth day. The symptoms experienced by Dr. Gallus gradually disappeared during the course of ten days, but left pains in the extremities, irregular pulse and a tendency to become very easily fatigued. Judging from the circumstances, the inoculated physician may be indisposed for an indefinite period; he is now with his family while recuperating. Dr. Korte has likewise left for his home; after the lapse of twenty days he now complains of pains in the right arm and difficulty in moving the member. Dr. Cnyrim observes, that according to the physicians' own statements their ailment has involved greater suffer-

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ing than would a light case of diphtheria. Among young or weak children similar manifestations would be considered as something of a most serious nature."

Yes, Yes, Yes! The "learned" have imitated Isopathy, but they have been unfortunate in their method of treatment. That Behring has had better success apparently, with his isopathic remedy than has Koch with Tuberculin, is because diphtheria is a more or less insignificant disease when compared with consumption, and furthermore, Behring dilutes his serum through the blood stream of animals of large size, whereas, Koch dilutes his more dangerous tubercle serum in smaller animals.

In Sweden, this method of treatment had been viewed with a keen interest, and a number of physicians hastened to make use of the serum. Dr. Selander, of Stockholm, learned the art of preparing the serum, so it would then no longer be necessary to send to Germany for the preparation, and the Health Department at Stockholm entered into a contract with him for supplying the remedy. This was indeed a favorable beginning, and in his exceeding humanitarianism, Dr. Selander even went so far as to offer the King "to supply every physician, drug store, and hospital with their requirements of Antitoxin," provided that the Government grant him a yearly stipend of 8,000 kronor. His Majesty, however, submitted the proposition to the Medical Board, and it was a matter of surprise to the public that the Medical Board did not join Dr. Selander in promoting, in this way, a method of treatment based on scientific grounds, but resolved: "While not doubting the value of the method, the Medical Board feels itself obligated to take under careful consideration the results of the practical experiences with Antitoxin to date." When the newspapers gave publicity to the disagreement which occurred between the Royal Medical Board and Dr. Selander, Dr. Wawrinsky, the Medical Commissioner, sent an article to "Nya Dagligt Allehanda" May 20, 1897, in justification of the Medical Board's deliberations, and I was rejoiced to find therein a number of valuable ideas. The worthy Health Commissioner agrees with us homeopaths in including this serum with the class of poisonous substances, saying: "and among these (poisonous substances) should be included a remedy which even in minimum doses has directly caused death both among our own people and abroad, and in spite of the fact that Dr. Selander classes serum injections as on a par with the administering of an enema."

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But if anyone had predicted an annihilation of the new method of treatment, simply because Dr. Selander's proposition was "ignominiously smothered" by the Medical Board, he would have been greatly disappointed. As a matter of fact, we are merely at the beginning of its development, for the Behring Antitoxin is constantly gaining ground. At the present time it is very frequently applied even when it is not certain that diphtheria is present; it is so convenient to use, appears quite mystifying, and, above all, is a source of great profit. And even if a child treated with the serum should shortly afterward be affected with a serious inflammation of the ear, skin eruptions, eye diseases, kidney trouble—Bright's Disease, dropsy or similar disorders, the physician would naturally deny that the Antitoxin was responsible for these complications, for several months would have elapsed since the child was inoculated with the serum. Nevertheless, the fact remains that serum-treatment gives rise to blood dyscrasias, and these in due time manifest themselves in various forms. On the other hand, before a scholastic physician would admit that the serum were injurious, he would have to immediately perceive its destructive effects and possibly have a child die on his hands; he does not seem to realize that a substance might require some considerable time to bring about the destruction of a sound organism. My attention has recently been drawn to several cases wherein, while under the serum treatment, serious complications had set in; namely, in the one case (that of a school teacher), erysipelas, resulting in death on the fourth day; and in two other cases (that of two young women students at a women's college, respectively eighteen and twenty years of age) complete paralysis, with a watery discharge under the feet, which continued fourteen days. I have also determined by diagnosis that infantile paralysis and tetanus have resulted from the use of this serum. Nevertheless, for the discovery of such a "remedy" Behring received the Nobel Prize in December 1901.

Therefore, let us cherish no illusions. Whenever a new idea appears, whether it be good or bad, it must pass through its evolutionary stages; it cannot be arbitrarily suppressed; but must be permitted to demonstrate what manner of child it is—and this requires time. The same applies to the present day medical system. To be sure, it is founded on the false hypothesis, that bacteria are the cause of all diseases; and, therefore, "the learned" have adopted the ridiculous plan of first discovering and isolating

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the specific disease bacteria, and then, by gruesome experiments on animals, demonstrating that the bacilli will be killed by their own toxins; and thus an entire people have been controlled by the germ-phobia. To counteract this phobia, we would present the comforting discovery of the noted English physician, Dr. Allan Macfadyan, who, by his recent investigations with regard to the constituents of the air of London, and which is well known as a very unhealthy atmosphere, has found that in 38,300,000 particles of dust there was but one pathogenic bacterium. Nevertheless, the present medical system embodies a part of a great truth; the Isopathic-Paracelsian, which is, "that a disease may be cured by its own products." But, it should be in *homeopathic potency.* However, we do not anticipate that the present method of treatment will be very soon convinced of its own destructiveness. Serum therapy, generally speaking, would be a great blessing to humanity, provided its advocates would merely homeopathically potentize the disease products and administer them by way of the mouth. But it is not to be assumed that they would do this; for they would thereby acknowledge that Homeopathy is correct in using minute doses. Nevertheless, it is because Homeopathy is correct that they will sooner or later realize that serum therapy must eventually be abandoned, and, like all other allopathic systems, will wind up in the scrap heap after having played the role of an "aberration" in the history of medicine.

4. Observations and Conclusions

Inasmuch as we have differentiated three classes among the natural colors of the Iris, we likewise differentiate among the abnormal colors mentioned in the second and third parts of this chapter,—three classes, which we have designated as the fourth, fifth and sixth classes. In the fourth class we include those persons suffering from the effects of suppressed scabies; in the fifth, those who suffer from the after-effects of suppressed scurf; those who have been treated with the old allopathic drug poisons such as mercury, arsenic, quinine, etc., we count as belonging to the sixth class. But, those who have been treated with Pasteur's, Koch's, or Behring's serums also belong to the fifth class, for the signs which these remedies produce are identical with the sign of suppressed scurf. These latter signs may be eliminated by rational treatment, whereas, the drug sign will never entirely disappear.

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We would next remind the reader that in the study of color changes of the Iris, it is necessary to become acquainted with the color of an undefiled blue eye; for it is a very difficult matter to determine in a brown eye the color changes produced by drug poisons. A substance which produces white signs in a blue eye, will reveal yellowish clouds in a brown eye, and, owing to this characteristic, it is difficult to distinguish in a brown eye the signs of quinine and antipyrine, for example. Even a proficient Iridologist may, therefore, often have to content himself with the statement that a brown-eyed patient is "drug-poisoned" without trying to designate which drugs may have been taken. It is only mercury and arsenic that can with certainty be determined in a brown eye.

We would further briefly call attention to the fact that simultaneously with the change of color in the Iris, there also occurs a change in the color of the skin. As early as the latter part of the 1870 decennium, I had called the attention of my physician in Lund to the fact, that, while the color of my eyes had changed from blue to green, my skin had assumed a grayish-yellow hue, and that this could only have been the result of quinine and other drugs; all of which he admitted. It is only among persons who have light sky-blue eyes that one finds a fair, rosy skin. Even if brown-eyed individuals have rosy cheeks, there may yet be observed a brownish ground-color; there is not the gleaming white color that is found among blue-eyed people.

Having classified the natural and unnatural colors of the Iris, we would repeat that everything which has a deteriorating influence on the color of the Iris, by the same token has a deleterious effect on the blood, and lays a foundation for disease. Therefore, the unnatural colors found in the Iris reveal the various sources of disease. Excluding accidents and epidemics, the following are the fundamental causes of disease:

1. Hereditary Blood Taints. Children born with these encumbrances have dark blue eyes, which very soon change into brown.

2. Irrational Care of New-born Children. In this is included the too frequent bathing by which skin eruptions are prevented from developing. Most children have eruptions which are the result of Nature's effort to free the body from the inherited blood taints. If the eruption is hindered, or interfered with, the blood retains its disease taints, and the dark color of the Iris becomes permanent.

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3. Irrational Treatment of the Milk Scurf. By means of the milk scurf, the body puts forth another effort to eliminate the hereditary encumbrances of the blood; if the scurf is hindered from developing, the blood taints will be retained. The sign of mistreated milk scurf is a dark outer edge, or rim, of the Iris. The same sign characterizes every irrationally treated skin eruption, wherefor Peczeley classifies all skin eruptions, with the exception of scabies, as subordinate forms of milk scurf.

4. Vaccination and Other Forms of Inoculation. Through this channel, is laid the foundation for blood corruption and blood decomposition, in addition to that which is inherited. This is demonstrated by the fact that after vaccination or other forms of injection, the Iris assumes a darker or grayish hue; or, in the most favorable instances, the lightening of the Iris color, which would have occurred under normal conditions, is either interrupted or greatly retarded.

5. Suppression of Scabies. A physician of the regular school of medicine most certainly believes that no serious results could arise from the suppression of scurf and scabies; he would contend that the itch-parasite (acarus scabiei), and the bacteria of the milk scurf are alone killed, and when, sooner or later, serious ailments manifest themselves, he looks upon them as entirely new diseases. Hahnemann and Peczeley both maintain that scabies and milk scurf are symptoms of a general psoric, or scrofulous encumbrance. And it is demonstrated that suppressed scabies is a new and important cause of disease, by the fact that sharply circumscribed reddish spots appear in the Iris after the suppression of scabies.

6. Allopathic Drug Poisons. Far from being "curative remedies" for disease, the allopathic pharmacal drugs are, instead, the causes of newer and serious diseases—the incurable drug-poisoning diseases. The death sentence of Allopathy is thus pronounced, and it is demonstrated that Homeopathy, together with Isopathy, and in certain cases, Hydrotherapy, are fundamentally constructive, and, hence, rational curative methods.

The color changes in the Iris which have been artificially produced, and the deposits in the body of injurious substances responsible for these discolorations, are not always associated with organic lesions, either in those parts where the deposits are indicated, or elsewhere; but it does not take long until organic defects appear after such deposits have been formed. Some ex-

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amples may be cited to elucidate this. Generally speaking, young children have no evidence in the Iris, of stomach trouble, but shortly after vaccination there appears the sign of catarrh of the stomach. (The manifestation of this will be explained in the succeeding chapter.) All vaccinated persons have chronic catarrh of the stomach, as a sequence. The present generation does not know what it means to possess a good stomach, despite assertions of ability "to digest nails" being heard now and then. Nevertheless, if a person is vaccinated, there will be found in the Iris the sign of catarrh of the stomach, and such an individual invariably suffers from catarrh of the stomach. He may even pride himself on the fact that he has a good digestion, or, as the saying is, "the digestion of an ostrich," provided he has escaped drugs such as strychnine, iron, and quinine, and the area in the Iris corresponding to the stomach is still blue in color. Then, again, another person suffers from suppressed scabies, and is particularly sensitive to cold. If such an individual contracts a severe chill, he may probably have pneumonia and this will not terminate without having produced organic defects, which, nevertheless, may be conquered by rational treatment.

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CHAPTER IV.

1. The Types of Constitution

Having familiarized ourselves with the significance of Iris Color, we next turn to the consideration of Density. By density is meant the fineness or coarseness (compactness) of the texture of the Iris, and which represents the quality of the organic structure, or, as it is more commonly known, the class of constitution.

The density or constitution denotes the degree of vital resistance, recuperative power, and the prospect of life. I have established six classes of density, and thus designated six classes of constitution. Turn to Plate of Types of Constitution, Volume II. The Types of Constitution are here shown by the six divisions in the left Iris on this Plate, and are indicated in the pupil by α, β, γ, δ, η, θ.

First Class. Very fine and dense Iris. The Iris is as smooth and compact as mother-of-pearl. See α.

Second Class. Fine Iris. See β.

Both blue and brown-eyed persons are included in these two classes. To the following classes, however, only blue-eyed individuals belong, as the brown-eyed, with their encumbered blood, cannot survive if they are born with a congenitally weak constitution. While chemistry is unable to differentiate between the blood of a brown-eyed and a blue-eyed individual, yet the sense of smell is capable of so doing. All brown-eyed individuals have a more or less unpleasant, or characteristic bodily odor.

Third Class. Ordinary Iris. See γ.

Fourth Class. See δ.

Fifth and Sixth Classes. The Iris shows more or less hereditary organic lesions. See η and θ. With regard to the engravings of inherited defects, see Special Section—Hereditary Organic Defects.

In order that the student may learn to distinguish the different classes of constitution, it is necessary to begin by studying the eyes of new-born children, or children of the age of three to four years, for all adult persons, even if they originally belonged to the first or second class, have, during the stress and strife of life acquired spots and changes in the Iris. Having fixed in one's mind the various densities of the Iris, one may then proceed to the ex-

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amination of the Iris of the adult. An entirely unimpaired density of Iris in adults is never found. There may be certain areas which have escaped injury and these indicate that, in accordance with their density, so, too, was originally the density of the entire Iris.

2. The Types of Organic Lesions

The colored Plate in Volume II., under the heading "The Types of Organic Defects" is next to be elucidated.

In the beginning of acute inflammatory diseases the Iris has a dull lustre, and the eye of the patient appears tallow-like; but there is no special organic lesion to be seen anywhere in the Iris. For the moment there is but little assistance to be had from Iridology, in determining the ailment from which the patient is suffering. This would perhaps seem to the reader to be a great deficiency,—as though The Diagnosis from the Eye would be of not much value,—inasmuch as it cannot be made use of in diseases which might in a few days result in death. But let us not be too hasty. In the above mentioned phenomenon I discern something quite different, and which is of great significance; namely: In the beginning of all acute diseases no special organic lesion is depicted in the Iris. This indicates, on the one hand, that acute diseases in the beginning are not localized in any special organ; furthermore, that they are not destructive. And, we may add, they need not be; they may even prove to be a blessing to the patient. How may that be? In the first stage of acute disease the patient's symptoms consist merely of fever, and if treatment is immediately begun with either the Hahnemann homeopathic fever remedy Aconite, or the Electro-Homeopathic fever remedy Febbrifugo, or, though more inconvenient and unpleasant, in accordance with Hydrotherapy, whose remedy for fever is cold water, it will result in most cases in the fever being subdued by producing a heavy perspiration; consequently no organic defects will appear in the Iris. Yea, even more, following a treatment of this kind, based on genuinely scientific grounds, the color of the Iris assumes a lighter hue, and this is a further indication that the disease was beneficial.

But, supposing the disease has existed some little time and has localized in a certain organ; for example, a lung, either because the rational treatment of the fever was begun too late, or because an irrational treatment has been applied in the beginning,—what then occurs in the Iris? There will have formed a white cloud in the

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Iris in the area corresponding to the lung. And whatever happens to this white cloud will depend upon the method of treatment of the localized disease; for example, inflammation of the lung. If pneumonia is treated rationally, in accordance with the principles of Homeopathy or Hydrotherapy, the cloud will gradually dissolve, and the Iris will resume its original condition; and in a week after the healing of the disease, there will be seen in the Iris no sign whatever that would indicate there had been an inflammation of the lung. Acute diseases, which are always characterized by these white clouds, leave no signs in the Iris, provided they are properly treated. Moreover, as a result of the heavy perspiration which accompanies every rationally treated acute disease, the entire Iris becomes lighter in color, indicating that a pneumonia, for example, is beneficial for the entire body; that it has eliminated, as should every rationally treated disease, old disease taints which had been latent in the body. On the other hand, if such an acute disease is irrationally treated, that is, with allopathic drug poisons,—if, for example, an inflammation of the lungs is treated with quinine, then there appear in the Iris indelible signs; not only signs of drug poisoning, but also signs of organic lesions. More than once has it occurred that a "falsely" treated pneumonia has produced the same signs as would catarrh of the lungs; and, if the patient died, the cause was attributed either to pneumonia or galloping consumption.

The Diagnosis from the Eye may thus be made use of in acute diseases, although I, personally, very seldom use it. First, because it is difficult to examine a bedridden person by this method, for the patient becomes greatly disturbed; furthermore, the old method of diagnosis by noting the symptoms, auscultation, taking the pulse, the temperature, etc., is quite reliable and convenient. The proper sphere of Iridology, however, is specifically within the realm of chronic diseases, and here it is unsurpassed.

With these few explanatory remarks we are now ready to consider in detail the various lesions portrayed in color on the Plate of Organic Defects.

In blue-eyed patients suffering with acute diseases, accompanied by high temperature and severe pain, there may be seen in the Iris white raised clouds (in brown eyes these clouds are yellowish) in the area corresponding to the organ involved. See A-1, acute inflammation of the kidney, associated with albumin in

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the urine; 2, acute inflammation of the brain; 3, inflammation of the lung.

Treating these ailments with the Mattei remedies, one will observe in the course of three or four days that the blue of the eye becomes discernible through the white clouds, as represented in A-4, 5, 6; after eight to fourteen days the clouds will have entirely disappeared, and the patient who was dangerously ill, is completely restored, so that on the day he leaves his bed he is able to resume his usual vocation. But if an allopathic physician treats a disease of this kind, death frequently is the result; in hospitals the mortality in pneumonia is about 50 per cent. While it also frequently happens that the patient has so strong a constitution that he is able to overcome not only the disease, but the effects of the poisonous drugs as well, when he arises from the sick-bed he is weak, and emaciated as a skeleton, and requires some considerable time (convalescence period) to recuperate before he can resume his occupation. It is, furthermore, possible to overcome an acute inflammation without drugs, or medicines.[1]

If we assume that the patient had been treated with quinine-sulphate during the acute disease, there will be found in the Iris such signs as A-7, 8, 9, i. e., indicating that the acute and seemingly dangerous inflammation, but which in reality is easily cured, has been suppressed by the physician and converted into a chronic disease of an open form. A remarkable feature is, that if the patient has had pneumonia, which was treated in the above described manner, the drug poison will have become deposited not alone in the diseased lung, but also in the entire body; all organs of the body have thus become more or less drug-poisoned, and, consequently, the patient has become chronically diseased in all organs.

We next turn to B-1, 2, 3, (same as A-7, 8, 9). B-1 is chronic inflammation of the kidney, with albumin now and then; 2, chronic inflammation of the brain; 3, chronic inflammation of the lung, with pains at intervals. If these chronic ailments are treated with the Mattei remedies, in the course of several months it will be observed that the signs will begin to close and finally be circumscribed (See B-4, 5, 6). A striking phenomenon is, that many patients who have consulted me, and who have not taken the Mattei remedies, have exhibited closed and healed lesions in the

[1] See English work entitled Rational Therapeutics, with regard to "The Expectative Method of Treating Disease."

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Iris. What is the reason for this? The answer is simple enough, as we shall see. Returning to the defects designated by A-7, 8, 9, these are the signs of convalescence. If a convalescent patient discontinues the use of poisonous drugs and lives a more or less hygienic life, he will gradually recuperate. And what takes place in the Iris meanwhile? The "open" lesions become "closed." But what is the significance of this? What are the white lines which have developed among the discolorations as portrayed by the defects B-4, 5, 6? They are calcium salts and luecine deposits. Calcium and luecine are found in the blood, and Nature makes use of these substances for the purpose of "glueing together" open lesions, and filling openings, in the same manner as one might fill crevices in a wall with lime. These calcium salts, which are equivalent to lime, in the blood, together with luecine, are the only remedies or elements which actually heal. Hence, Nature's own healing remedies are calcium and luecine.

Now, when we treat a patient with the Mattei remedies, there appear in the Iris exactly the same signs as when Nature alone does the healing—the signs of calcium and luecine—but the Mattei remedies do not contain these constituents. Chemically, the Mattei remedies consist of "sugar, starch and water;" they contain neither calcium nor luecine, but nevertheless they are the quinta essentia of our food substances. Hence, we may frankly admit that our opponents' claims are correct, that the Mattei remedies "contain no medicine;" i. e., no chemical constituents which may be made use of by Nature as healing elements. All this is absolutely correct; and it is impossible to prove that these Mattei remedies are helpful, for exactly the same healing produced by these remedies may take place without the use of any remedies whatsoever. As a matter of fact, it is impossible to demonstrate the true value of the Mattei remedies in chronic diseases, or at least, not directly, though it may be done indirectly, by observation of their effects in acute diseases. In these cases their effects are so apparent that only an evil mind would deny them.

Owing to the celebrated "Expectative Method" of the Vienna School of Medicine, we know exactly the normal duration of an acute disease; we know approximately the day and hour when it should reach its culmination, recede and cease; namely, when the disease is left to itself, and the physician merely takes care that the patient receives the best attention as regards a good bed, fresh, pure air, and cooling drinks. Therefore, if one knows that

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an acute disease requires a certain number of days or weeks for its normal run, and if one is able with the aid of the Mattei remedies to reduce the period of the disease to one-third of its normal duration, this is indisputable evidence that the Mattei remedies are of benefit in acute diseases. Hence, if they are beneficial in acute ailments, they must be helpful in chronic cases. I will elucidate this fact by submitting an example. Some years ago I received a letter from a man in Stockholm, stating that he and his eight-year-old son had been ill in bed for several days, and requesting information as to a rational method of procedure. The cases had been diagnosed as typhus fever, and it was the intention of the health authorities to carry the patients to the isolation hospital. As the case greatly interested me, I visited the patients, and found that the temperature was above 104 in both cases. The Mattei remedies were administered. Two days later the wife of the sick man went to the doctor on the case, in accordance with his orders, to report the temperature. The fever then indicated a trifle above 100 degrees, and, when the physician saw this, he said there must have been a mistake in taking the temperature,—it was impossible that the temperature could have been as indicated; he, personally, would go and take the temperature. This he did, but found the temperature as had been reported. The physician muttered, when he left, "Notwithstanding, it is typhus." At the expiration of six days the boy was up and about, but the father was bedridden sixteen days. The physician's last Certificate (these were required to be submitted weekly, as the man belonged to a Sick Benefit Society), showed that the illness was a severe influenza. Shortly afterward another child became ill of the same disorder. Here the Mattei remedies were immediately prescribed, and in four days the child was well.

With personal experiences and demonstrations like these, one knows that the Mattei remedies hasten the cure in acute diseases in a most extraordinary manner. Hence,—may it be said once more,—if they have demonstrated their beneficial effects in acute disease, it must follow that they are likewise helpful in the treatment of chronic ailments. As the same signs in the Iris result from the use of the Mattei remedies as when Nature alone and unaided heals the disease, we may legitimately call the Electro-Homeopathic method of healing "a true Nature Cure." But, it may be urged, "If the Mattei remedies consist of merely 'sugar, starch and water,' how is it possible that they exert such a favor-

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able effect?" Who has stated that the Mattei remedies are merely "sugar, starch and water?" No one but ignorant professors, chemists, pharmacists, and physicians. The Mattei remedies are certainly more than merely "sugar, starch and water;" they are physical and dynamic remedies; ions and electrons. These ions and electrons attract each other and oscillate between each other in great rapidity. This radio-activity of the molecules of the remedies stimulates the nervous system; the appetite is increased; the digestion improved; the blood purified, and it is pure blood of good quality which heals because of its content of calcium and luecine.

Thus Nature and the Mattei remedies are able to heal acute and chronic inflammations; although, to be absolutely correct, we should say that Nature and the Mattei remedies "patch up" open, chronic inflammations. If, by the term "cure" is meant a "restauratio ad integrum," this is possible only in acute diseases, as Nature is able merely to "patch up" chronic lesions, and human art can do no more than Nature; for Nature is mightier than art.

Incidentally, I would state that the clear, white signs which are formed in the Iris of blue-eyed persons during the healing of chronic inflammations, in the course of time assume the same color as the drug sign in the organ, for the reason that drug poisons distribute themselves throughout the body. In brown-eyed persons the sign of healing is in the beginning light yellow, and after a time these signs likewise gradually become impregnated with drug poisons.

If an allopathic physician treats the chronic inflammations B-1, 2, 3, with drug poisons, he will never observe the development of the signs B-4, 5, 6; but, instead he will see the signs C-1, 2, 3 appear; then he will see chronic catarrhal conditions fully developed, and even in the chronic inflammation stage may be seen the first trace of catarrh. (See A-7, 8, 9).

The signs A-1, 2, 3 are raised or elevated above the surface of the Iris, and this indicates that there is an excess of material in the corresponding organ or organs; i. e., a congestion of blood. The signs B-1, 2, 3 are likewise raised above the surface of the Iris and indicate that there is an excess of material (drug poisons) in the respective organs.

The signs C-1, 2, 3, are sunken in the Iris and signify a loss of substance in the respective organs; the organs have begun to

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disintegrate, and, through catarrhal discharges, are being gradually eliminated from the body.

Generally speaking, drug poisons in the organism are incurable; only a very minor portion can be eliminated from the body. The only way to relieve an organ of poisonous drugs, with which it may have become impregnated, is to destroy that organ. After an organ, by means of catarrhal discharges, has practically "eliminated itself" from the body, the drugs will likewise disappear; but this, however, is too radical a cure and is equivalent to "pouring out the child with the bath water," but this is exactly what physicians do when they continue to administer drugs for chronic inflammations; they destroy the organ involved.

The signs A-1, 2, 3 are associated with terrific pains. In association with the sign B-1, 2, 3 there are milder pains which appear at intervals, or periodically. In the signs C-1, 2, 3 there are scarcely any accompanying pains—merely a sense of fatigue which manifests itself in the respective organs, but, unfortunately, this "tired feeling" is in reality more dangerous than the most severe pain. Severe pains are indications of life; that the body is energetically at work trying to overcome destructive forces. A sense of fatigue is a sign that such organ is undergoing destruction. The sign A-2, for example (acute inflammation of the brain), is accompanied by indescribable pains and delirium, while the sign C-2 is associated with "brain fag," and this sense of fatigue is a far more serious symptom than the severe pains beforementioned.

C-1, 2, 3 indicate catarrh of the kidney, brain, and lung. If these ailments are treated with the Mattei remedies, one may, in the course of several months, frequently see the defects close, so that they will resemble the signs C-4, 5, 6. And what has been stated with reference to B-4, 5, 6 with regard to Nature's unaided healing efforts, likewise applies here; almost everybody has such closed lesions in their eyes—defects "patched together" with calcium and luecine. And here is furthermore involved the same principle as above stated, with regard to the healing effects of the Mattei remedies.

If a physician treats organic lesions as represented by C-1, 2, 3, with drug poisons, he will never see the signs C-4, 5, 6 develop, but, instead, there will appear the signs D-1, 2, 3. These lesions are the signs of tuberculosis. A patient may have catarrh of the lung, for example, (C-3), and on consulting his physician he is

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given opium which has the effect of suppressing the cough. The mucus, instead of being expectorated by the cough as previously, remains in the lungs and soon begins to undergo decomposition. The tissues of the lungs likewise begin to disintegrate, whereby tubercle bacilli develop, and thus tuberculosis is at hand, thanks to the doctor. In 99 cases in 100 the physician is to blame for tuberculosis and its concomitant development of tubercle bacilli.

The signs D-1, 2, 3 are tuberculosis in kidney, brain, and lung. Treating these diseases with the Mattei remedies, one would observe the signs gradually become closed by walls of calcium and luecine. And here, too, applies what has been stated in the foregoing with regard to Nature's ability to alone and unaided heal organic lesions. I have examined many persons who disclosed in the Iris the signs of healed tubercular defects. Under favorable conditions of living, Nature is sometimes able to "patch up" tubercular lesions, provided there is no interference by drugs or similar poisons. Of every 100 persons, 97 have had tubercles at one time or another, but only 27 die of tuberculosis. As Nature heals, so also do the Mattei remedies heal (See D-4, 5, 6, healed tuberculosis in kidney, brain, and lung.)

E-1 is a picture of chronic inflammation of glands of the neck, due to vaccination and drug poisons such as iodine, etc. When they become greatly enlarged the doctor removes these glands operatively, and as a result swollen glands are produced elsewhere. Oh, these operations! They are illuminating evidences of the inconsistency of medical science of the present day. Instead of treating the body from within, improving the blood and thus affecting a cure, medical practice arbitrarily uses external means such as the knife, oblivious of the fact that the cause of the trouble cannot thus be "cut away," and that this renders impossible an actual healing. Only in *periculum in mora* may an operation be necessary. I am exceedingly grateful to my old physician because he warned me against the removal of my seriously swollen cervical glands (an after-effect of vaccination), for, he explained, that were I to permit the glands to be operatively removed, I would inevitably fall a victim to tuberculosis. I followed his advice, and, thanks to the Mattei remedies, I am now entirely free from the enlarged glands.

E-2 shows us a picture of polypi. The mucous membranes of our bodies consist of luecine plates with six facets, and good health depends, in a measure, on the daily tearing down and prompt

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rebuilding of the cells of these membranes in all organs, such as the stomach, intestines, nose, etc. However, if the body lacks a good quality of blood, there is in consequence a deficiency of electrical tension, and the luecine plates are retained, causing the development of small tumors and polypi such as nose polypi, uterine polypi, polypi of the rectum, adenoid growths; all of which are due to vaccination,—the remote cause of the painful condition. The physician consulted with regard to the condition immediately advises the use of the tongs, or the galvanic snare, instead of explaining the cause, which is to be found in the blood—a quality of blood which lacks electrical tone. He should advocate a rational method of treatment, which would not only eliminate the immediate causes of the malady, but would also remove the remote cause—the vaccine poison. If such a cure were adopted the polypi would be gradually "sloughed off" by the body itself, as was the case with my own nose polypi.

Inasmuch as the polypi consist of luecine plates (luecine is a combination of carbon, hydrogen and nitrogen, but without calcium salts), it naturally follows that the sign of the condition should have a somewhat different appearance than those lesions which are healed by calcium and luecine. In the section E-2, I have endeavored to illustrate this difference by depicting the white round spots as a pale-white color. In the living eye the signs of polypi resemble a gelatinous mass, and it is necessary to study the living eye in order to learn to differentiate between polypi and healed organic lesions.

The signs E-3 and E-4 are pictures of cancerous growths, as seen in the Iris. Physicians in general seem to hold to the opinion that cancer is due to a specific organism. Not long since a doctor has come into the lime light, who has tried to prove that cancer is caused by the embryo of an egg, which has by some means gained entrance to, and developed in, some specific organ. One, therefore, should not eat eggs, as one runs the risk of being inoculated with the above mentioned embryo, which, finding an open lesion in the stomach, for example, would begin its proliferation in that organ. With reference to the former theory, we homeopaths repudiate the idea that germs are the cause of disease. Bacteria are the results or concomitants of disease; the bacillus of cancer is merely an accompaniment and is due to the cancerous miasm. As regards the chick-embryo-theory, The Diagnosis from the Eye discloses that all cancer patients have a very poor quality of blood; hence,

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discards the theory; otherwise it would be nothing more nor less than an extraordinary good fortune that all those, who, having a good quality of blood, should escape infection when eating either raw or soft-boiled eggs. No, these are not true causes of cancer; the fact of the matter is, that cancer is the last doubtful effort on the part of Nature to prevent the progressive destruction of the body or the parts involved; the cancer would thus aid Nature in the campaign against destruction and premature death.

However, owing to the fact that the blood is of such an inferior quality (there is a deficiency of calcium, but large quantities of luecine are present—the cancerous tumor is a development of luecine and cartilaginous material), Nature has but little assistance from this quarter. Then, when the surgeon removes the tumor operatively, instead of supplying the blood with calcium salts by means of a rational diet and homeopathic treatment, the patient is hastened on the road to destruction. After an operation the body certainly tries to still further prevent the destructive process by the formation of new growths, and these are in turn removed by the knife. Study carefully the picture E-3, 4; this illustrates cancerous tumors enclosed in a pool of catarrhal matter, as it were; the white lines in the black center are favorable indications, but if the tumor is operatively removed, there will then appear in the eye the sign of loss of substance.

It would be profitable to always bear in mind the statement of my worthy instructor, Professor Olbers: "Nature is always sensible. Man alone has the privilege of being stupid." And it is certainly "stupid" to operate for cancer, if one harbors the idea that the operation is to be a curative measure.

What has been stated in the foregoing relative to the appearance of the signs of polypi, likewise applies to cancerous tumors; and while the pictures E-3 and 4 resemble signs of healed catarrhal lesions, the cancer signs are differentiated in the Iris by the fact that they are more or less gelatinous, and in blue eyes, always white in appearance. It will, therefore, be noted that the white lines surrounding the sign of the tumor are not the results of deposits of calcium salts, but are, instead, the weaker nitrogenous and carbohydrate substances, or luecine.

E-5 is a sign of incipient cancer; these invariably heal when a rational method of treatment is applied, provided the luecine lines are not twisted or distorted.

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The medical profession is responsible for a great deal of harm to humanity. Thanks to the doctors, I spent six of the best years of my life on the sick-bed, and my health has been crippled for life; since my fourteenth year I have not had a well day. Still, the physicians are not responsible for all the maladies in the world. One may, for instance, dislocate a foot, when the sign F-1 will appear in the Iris in the respective area; or, one may fall, bruising the nose, when the catarrhal sign F-2, will arise. F-3 is the sign of another similar injury.

One may also become the recipient of a bullet wound. For the first few moments thereafter there will be a deep coal-black sign, such as G-1. It is as deep-going as a tubercular lesion; but, provided there is a good healing quality of the blood, it will heal in a few days and will then resemble the sign G-2. G-3 is the mark of a healed knife-thrust in the chest. G-4 the sign of a fractured bone after it has healed. G-5 and G-6 are signs of serious contusions. The white surrounding and interlacing lines are, of course, the signs of calcium and luecine—Nature's only healing agents.

The small signs G-7 are pictures of healed hemorrhage of the lungs.

3. Allopathy and Homeopathy

We have now set forth the fundamentals of Iridology. There yet remains to be more clearly indicated the influences which this new science has brought to bear on the care of the health and the treatment of disease, and which have merely been touched upon in the foregoing.

The Diagnosis from the Eye embodies first and foremost a complete repudiation of the allopathic system of treatment, and the first logical sequence of this is: *All allopathic drugs (poisons) are harmful.*

Primarily, all those drugs mentioned in Chapter Three are to be considered as absolutely injurious. Even though these drugs, carefully prescribed, do not act as an immediately fatal poison, they nevertheless exert on the body an insidious, destructive effect, and should, therefore, not be used under any circumstances. All these drugs produce discolorations in the Iris after their use and cause a drug-poisoning, for the reason that they are not assimilated; they cannot be appropriated by the body, and are not eliminated, but, on the contrary, are deposited in various parts of the

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organism. In the beforementioned chapter we have gone into detail sufficiently to bring to light the danger of using these drugs.

Unfortunately, these substances have been given the name "medicine" and they are prescribed as medicine, not only by enlightened physicians and "wise old women," but likewise by ignorant quacks; to say nothing of the patent medicine propaganda. What does this "medicine" accomplish in the world? Iridology shows that all deposits of drugs exert a weakening influence on the constitution, and according to Stahl, out of 1,000 persons 700 die a premature death because of chronic drug poisoning. This is certainly "some achievement," but it was not the original aim and purpose of medicine.

Allopathy of the earlier day, however, had at its disposition a great many relatively good remedies, among other things, tincture of arnica, juniper berries (an excellent remedy in dropsy), blueberries, etc. But the time is long past when our Swedish physicians prescribed such excellent remedies prepared from nonpoisonous herbs and berries. It now seems necessary that all remedies be imported, new and unproved, otherwise they will not create the proper impression either with the patient or the physician. And how have we arrived at this stage of affairs? Because ignorant patients, who have no conception of the mysteries of the human organism, have not understood that the body is not a machine, and when out of order, cannot be immediately repaired by the replacing of an injured part with a new part. They have not realized that the body must be healed by an "organic process;" i. e., from within, and by the process of metabolism. These persons, I would say, have consulted physicians and demanded immediate results, or at least have demanded results within a day or two. And so the physicians began their researches for newer drugs which might bring speedy results. They have had opium for many years, and no doubt chemistry would provide other similar drugs, and thus chemistry, entering the service of pharmacology, directed it to many new remedies,—"invaluable" like all new things; but sufficiently injurious to cause a discoloration of the iris after their use. Thus, there was accumulated in the course of time the complete modern "treasure of medicine" (as it has been so ironically designated); consisting of calomel, chloroform, chloral, carbolic acid, lysol, salicylic acid, quinine, antifebrine, etc. These drugs gave immediate results; the doctors were praised; and chemistry lauded to the

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skies. However, after the lapse of a short time the patients so quickly and successfully "cured," discovered that it was impossible to recover their former power of strength, they no longer had the same appetite as before, and soon began to feel weaker than previously. Then, perhaps a new dose was prescribed, which apparently improved the condition for a time, and momentarily conjured up the sweet hope of restored health, and, while this was doubtless worth something, the joy of the patient was short lived. "I become worse instead of better from this medicine," is an expression commonly heard, and thus, confidence in Allopathy, particularly of the later day, has largely been lost. Even though the medicaments of the older school were not able to work miracles, they were at least far better and less dangerous than modern drugs, and on that account, physicians of the earlier day enjoyed greater confidence among the people.

When the allopathic drugs are no longer any help to the patient, what is then to be done? When the patients have now become chronically ill, they are advised to go to some bathing establishment or watering place. Homeopathy approves of this, provided "indifferent water" is prescribed, that is, water in which chemistry can detect nothing but water; and the patient will derive benefit from drinking water of this kind. Other waters, so-called mineral waters, containing substances which may be detected by chemical analysis, principally calcium, iron, natrium and magnesium, will for a time act in a seemingly beneficial manner, but they cannot promote the health of the patient, and furthermore, they produce the same signs in the Iris as all other inorganic elements; the signs of drug poisons. Only organized iron, sodium, etc., such as are found in our foods, leave no signs in the Iris, even when taken in weighable quantities. It is beginning to be understood by modern physicians that "the milder alkaline waters, are considered more beneficial than the heavier mineral waters, especially in kidney and bladder diseases;" (Nya Dagliga Allehanda, 11-7-1896). Thus, among all the remedies of Allopathy, the best are water, or hydrotherapy treatments; the elements contained in mineral water do not leave permanent signs in the Iris. However, poor patients, who cannot afford to patronize hydrotherapy institutions, and watering places, may expect nothing in the way of benefit from allopathic medicine.

Aside from the fact that allopathic drugs are harmful, how repugnant do they not taste? How is it possible for a person to

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become well by taking medicine, the very taste and smell of which give rise to loathing? If we humans were only as prudent as the animals, and governed ourselves by the sense of smell! If one would offer a dog quinine (which is supposed to be so beneficial), he will smell of and sniff at it, and finally run away from the stuff, with a yelp, "hau-au," meaning by that, "you may keep that stuff yourself," and if one were to give a healthy individual a taste of quinine, he would make a grimace, and entreat that no more be given him; but on the other hand, if a sick person is given quinine, it should straightway make him well! This is indeed remarkable! Only Iridology can prove that he suffers from quinine-poisoning.

Not all physicians make use of nauseating drugs. There are some who prefer to cure stubborn ailments in a most convenient and radical manner; they simply cut out the diseased parts. Surgery represents one of the most important of our medical sciences; it has been developed to a most unprecedented degree, and a hospital surgeon of the present day possesses the ability and technique of cutting out any organ in the body. Unfortunately, however, all operations, amputations, and extirpations produce indelible marks in the Iris, and—what is gone, is gone.

A critic once reproached me for this attack on surgery. He contended that I was inconsistent in condemning operations, and asked what would have been the result in the case mentioned on page 62 in my first Swedish edition of this work, concerning the young girl who had had her skull crushed, if she had not been operated upon in time. This is no inconsistency on my part, but merely a misunderstanding on the part of my critic. I have never condemned all forms of operations, and what is more, as soon as I saw the girl, I personally advised the father to take her to the hospital, as he did not realize how dangerously she had been injured. Thus, if a surgeon removes splinters of bone which would no more heal together, in order to save life, as in this case, or, if he amputates a limb in which life has already been extinguished, or cuts off a leg which has been practically severed in a railway accident, who can find fault with him? My criticism was not directed against operations of this kind, and it is not fair to impute my meaning merely because I asserted that some physicians prefer to cure stubborn ailments by simply cutting away the diseased parts. I merely deplored the immoderate use of the knife in extirpating organs which, while diseased, could become

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healthy once more, provided the disease was treated in a common sense fashion. With reference to operations, the homeopaths have a couplet which runs as follows:

"Of old the doctor cut off members which could be used no more,
But now in haste he slashes all he knows not how to cure,"

and this is an expression of my own sentiments as well, in this matter. That which is no longer of any use may be severed, and, as a necessary method of procedure to prevent inevitable death, operations are legitimate; but whatever may be preserved by any means, and made healthy, one should try to save, for we homeopaths will never admit that operations are "curative measures" for disease. One cannot cure dropsy of the abdomen by making an incision in the abdomen and tapping the fluid therefrom; it is impossible to cure cancer of the kidney by extirpating the kidney, and it is not right to try to cure ovarian tumors by removing the ovary, thus depriving a woman of her specific organ. No, even the surgical removal of a cancerous tumor is certainly not the method of curing cancer, for cancer, as previously stated, is not a local disorder, but a disease of the blood system, and if a cancerous tumor is removed, one may be assured that sooner or later, other tumors will appear, provided the patient survives the operation. Sir James Paget, in observing 74 cases of operated cancer, says that among these there occurred a relapse in 23 cases within three months, 22 within six months, and 14 within 12 months, making a total of 59 within one year. Concerning the advantages of operations for cancer, Dr. Jacobson, in his work, "Les Operations de la Chirurgie," says: "With regard to those affected with cancer of the breast, their average length of life, computed from the date of the first diagnosis of cancer, is about two and one-half years. If the patient is operated successfully, she may possibly live three and one-half years, provided she is operated immediately on the discovery of the malady. The average length of time for relapse is six months." I would therefore, ask: Is it worth while to risk a dangerous operation in order to gain a year or two of life, when even then one will find it impossible to get well? Would it not be more worth while to give the Mattei remedies a trial? As a matter of fact, even if these remedies should fail to cure a doubtful case, they would, nevertheless, prolong life at least one year—or even two years. If the cancer is to be cured, the blood must be purified, and if the patient still

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has sufficient strength and vitality that his prospects of life are at least one year, he may begin the treatment with the Mattei remedies, with good hope. But we evidently appeal to deaf ears and closed minds, for the majority of physicians are not very easily converted to constructive measures. Several years ago one of the younger physicians of Stockholm delivered an address directed against Madame Elna Tenow, in which he justified operations, and likewise, vivisection. The partisan newspapers, of course, were in sympathy with him, and the following passage indicates that they were greatly impressed by the physician's address: "Against her (Madame Tenow's) "caricature" of the doctors, the speaker would present a picture of the family physician, the faithful friend, to whom all would turn as the comforter when anyone in the home became ill. He presented a picture of a despairing mother seeing her beloved child in the grip of a deadly throat disease. Enter, the doctor, who opens the throat, and in after years there is to be found only a small, scarcely noticeable scar, to bear witness that at one time there was a desperate battle with death." One can imagine the beautiful? picture of the doctor with knife in hand, comforting the pitiable sufferers, and ready for a desperate battle with death! There remains, however, a final scene, to complete the picture, wherein the young mother, moved to tears, fascinated and overcome with awe, falls on her knees and kisses the bloody knife of the savior of her child! We, however, who view the matter from the prosaic standpoint, firmly believe that it would have been much better and more appropriate to the occasion, had the mother herself saved the child with a little homeopathic medicine.

There is another class of allopathic remedies which in themselves are quite harmless, though even these may become injurious when taken in excessive doses. This class of remedies includes such substances as are essential constituents of the body. According to Moleschott the blood consists of sugar, fats, albumin, salts, potassium chloride, calcium fluoride, silicic acid, iron, calcium, magnesium, sodium and potassium. Sugars and fats are composed of carbon, oxygen and hydrogen; albumin, of the same materials with the addition of nitrogen, phosphorus, and sulphur; and, inasmuch as the blood contains all materials required by the cells and tissues of the body, it is self-evident that these substances in organized form are indispensable for the normal development of the

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body. However, if there is an excess of these elements, or, if they are present in an unorganized form, they are deleterious.

Not all allopathic physicians in Sweden use injurious medicaments; one in particular, Dr. Westerlund, of Enköping, has gained a reputation for successful cures, and this is because he prescribes the last mentioned remedies, in accordance with the old fashioned custom. No serious after-effects follow the use of these remedies; for a time they are stimulating and act as a tonic, and the patient feels much improved, but when an excess of these substances has been used, the beneficial effects disappear and there is then an enervating effect. There are, however, patients who unfortunately would not appreciate the value of these remedies were they to learn what it was the doctor had prescribed in Latin for them. Among other uncured patients of the celebrated doctor above mentioned, there came to me one day, a wealthy woman to be diagnosed by Iridology. After the examination she asked me to see her prescriptions and tell her what she had taken internally. I read "natriumsulphate," and "natriumchloride," and asked her if she knew what sulphate of sodium was. She repiled in the negative. "My good woman, you certainly know what Glauber's Salt is?" "Oh, yes, that is what I give my cattle," she burst out contemptuously. "Yes, and that is what you, too, have been given; natriumsulphate is the same as Glauber's Salt, and the other remedy here specified, natriumchloride, is ordinary table salt," I enlightened her. The woman then became very angry, and deplored the fact that she had travelled such a long distance, only to be given medicine that is fed to cattle, and furthermore, that she had to pay four kronor for the prescription. But I consoled her with the remark that it was well worth the money to have escaped harmful drugs, and stated further, that I was thoroughly convinced that she had derived some benefit from the medicine. This she did not deny; in the beginning, at least, she had noted an improvement, but now the medicine had no more effect, and the doctor had forbidden her to take more than four doses daily; she had transgressed this interdict, however, and had felt distressed because of it. In acute diseases, and in minute doses the wonderful Glauber's Salt (sal Glauberi mirabile) is assuredly an excellent remedy, but it is unsuitable for chronic diseases, and one positively cannot cure cancer with Glauber's Salt. Iridology shows that of all the drugs in the allopathic pharmacopea, not one is capable of

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curing chronic disease, even of the mildest form, such as chronic catarrh of the stomach.

Lastly, Iridology has pronounced a sentence of condemnation on some of the later tendencies within modern Allopathy, referring to the inoculation against smallpox, hydrophobia, tuberculosis, and diphtheria. We consider Pasteur, Koch and Jenner as the chief representatives of a misguided theory. I say "misguided" and not false, for beneath this mistaken idea is concealed a truth—the isopathic-homeopathic truth—that the product of a disease may be used to eliminate that disease, provided it is administered in high potency. In accordance with the principles of Isopathy, Homeopathy has for a long time made use of the toxin of smallpox against smallpox, the tubercle toxin against tuberculosis, snake-poison against snake bites, the toxin of syphilis against syphilis, and with brilliant results; for these toxins, when diluted to high potency, are not only harmless, but what is more important, they are beneficial.

And now we come to the question of Homeopathy, the wonderful science, which, to pharmacists is an absurdity; to allopathic physicians, an exasperation; to the newspapers an undiscovered country; but a blessing to suffering humanity. Like all great truths, ridiculed and disdained in the beginning, Homeopathy has nevertheless gained recognition among civilized peoples. As a general principle, patients are not much concerned as to what learned theory may underlie the treatment of their disease, provided they become well and happy, and the patient who has once experienced the powers of Homeopathy will never thereafter return to Allopathy. Consequently, the numbers of homeopathic physicians increase year after year, and, as they enjoy the confidence of their patients, they have sufficient practice so that they need not starve. Of the 100,000 physicians in the United States, approximately 20,000 are homeopaths. Homeopathy, which easily and thoroughly cures all acute diseases, and at least relieves the chronics, even if it cannot cure all of them, is a blessing to suffering humanity, and not the least to poor people as they cannot afford to patronize hydrotherapy institutions and watering places in order to benefit their health. But with a little homeopathic medicine they may achieve this result, and thousands of successful cures testify that Homeopathy is founded on truth. Here, as always, practical experience has triumphed over the beautiful theories of "the learned."

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What have "the learned" against Homeopathy? Why do they doubt the power of the little homeopathic sugar pills? It is, mind you, because chemists have analyzed them and discovered merely "sugar, starch and water" in them, but no medicine. A still more exact chemical analysis has demonstrated that there is to be found sugar of milk, starch, gum arabic and a little magnesia. This is the statement of "scientific authority" and up to a certain point it is quite correct, as the chemical constituents of all homeopathic pills are really those mentioned, but chemistry is absolutely at a loss to determine what kind of diluted homeopathic medicine these sugar pills contain; and so "the learned" have drawn the erroneous conclusion that Homeopathy is false and fraudulent, instead of concluding: chemistry is a very defective and imperfect science for it can only detect such substances as may be found in "weighable" quantities.

But it is on such an incompetent science that the medical authorities base their opinions. Consequently, it surprised me greatly to read the following notice in "Hernösandsposten" 7-27-1893: "Phosphorus Poisoning.""With regard to the beforementioned housemaid Miss K. S—, of Tynderö, the physician in charge of the case has expressed his opinion in substance, as follows: In spite of the fact that neither phosphorus nor traces of phosphoric acid can be demonstrated by the analysis of the legal chemist, there are, nevertheless, good grounds for assuming that the girl died as a result of phosphorus which she had taken; that this phosphoric-poisoning (which cannot be determined by chemical analysis!) may be considered as sufficient cause for the death of her child; that there are no grounds for suspicion that anyone but herself was the cause of her demise; that the foetus with which she was pregnant up to within a short time of her death, was of five months development." Here it seems that the physician deemed that he was justified, because of various symptoms, to assume that the cause of death was phosphorus-poisoning, whereas, chemistry, which should have given a reliable and dependable answer, has demonstrated its incompetency in this case.

Nevertheless, there are allopaths who reason as follows: What chemistry cannot detect, does not exist. This must be allopathic logic, for they have never studied physics, otherwise they should have known that there exists another scientific method of analysis, known as the spectralanalysis, with the aid of which, the existence of infinitely minute quantities may be demonstrated. For

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example, if table salt is diluted to the sixth decimal potency, the spectralanalysis is capable of demonstrating this substance, for even as minute a quantity as one-millionth of a gram produces in the spectrum a distinct yellow natrium line; these quantities are too infinitessimal to be detected by chemistry, but, nevertheless, so far as spectralanalysis is concerned, they do exist. Physics teaches further that a very minute quantity of a substance contains billions of molecules; consequently, it may be decomposed or diluted to infinitude, and no matter how high the potency, or dilution, one may be assured that there is still present a great number of molecules of the diluted substance. However, it has not been given to chemistry to measure molecules of matter. While chemistry may suffice for the crude substances of Allopathy, it is too self-limited for Homeopathy.

The reader will doubtless ask: "How, then, may one determine that homeopathic sugar pills are not 'merely sugar, starch and water;' that they contain homeopathic medicine? Who can demonstrate the existence of this unweighable homeopathic medicine, if chemistry cannot do so?" The answer is that there is still another method of analysis infinitely finer than either chemistry or the spectralanalysis, known as neuralanalysis. Neuralanalysis is a method of determing the effect of a remedy on the nervous system of an individual. Substances exert either a tonic or stimulating, a benumbing or stultifying, or an indifferent effect; i. e., no effect whatever, on the nervous system. If injurious to the body, they exert a paralyzing or benumbing effect on the nervous system; if beneficial, they produce a tonic effect. Hence, if the homeopathic sugar globules merely contained "sugar, starch and water," all of which are indifferent substances, they would naturally exert no influence whatever, and consequently, all homeopathic remedies would show identical effects, for the simple reason that they all consist of the same "chemical" substances. But these "sugar pills," however, exert a varying influence on the nervous system, depending on the medicinal substances with which they have been impregnated, and, furthermore, the neuralanalysis is able to determine not only whether or not the sugar pills contain a homeopathic remedy, but it can in addition, determine within certain limits, the potency, i. e., to how high a degree a remedy has been diluted. The influence on the nervous system, of a substance like table salt, even if diluted to the thousandth potency, may be observed.

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All this may seem most remarkable, if not incredible, to some people, for there are many who reason thus; that anything which is not present in sufficiently large quantities as to be detectable by chemical analysis, certainly cannot have any appreciable effect on the body. For the benefit of these individuals I would submit the following example, to the effect that infinitely small quantities may occasion results of great moment. In the newspapers of January, 1893, may be noted the following: "Warning against Calcium Paper." "The seventeen-year-old daughter of a family living in Vikbolandet, while embroidering monograms on some handkerchiefs, happened to prick her finger with the embroidery needle. The wound was so slight that not even a drop of blood appeared; after a short time the finger began to swell, and soon the pain and swelling had spread to the hand and arm, when headache set in. The following morning, as no improvement was apparent, the parents became concerned, and carried the daughter to the physician in the vicinity, who advised that the patient be sent to the hospital at Norrköping, without delay. Upon being admitted to the hospital, an operation was performed the afternoon of the same day, when the surgeon stated that the patient had certainly come at a critical time, for, had she delayed until the following day, he was certain that nothing could have been done. The poison, which had entered the circulation and caused blood-poisoning, had come from the dye which the calcium-paper had left on the handerchief, and an atom of which had fastened itself on the very point of the embroidery needle." Yet this mere "atom" was sufficient to poison the entire body, and might have caused death. On the other hand, had a homeopath contended that a similarly minute atom of medicine would have been capable of bringing health to the entire body, the allopathic logic would have stamped it as pure nonsense.

Another phase of Homeopathy which "the learned" do not seem to be able to comprehend, is the homeopathic fundamental: Similia similibus curantur, but this, nevertheless, has been demonstrated by practical experience. Almost everyone knows that Glauber's Salt in allopathic dose is harmful, and produces diarrhea, but if the Glauber's Salt is administered in the diluted or homeopathic form, one will observe that it will check and cure the diarrhea. It is likewise generally known that opium is a poison and will act as a soporific, but in homeopathic doses it is harmless, and will cure somnolence. The same rule applies to all other

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substances; in homeopathic doses they are harmless and will cure the diseases, or disease symptoms, which, in allopathic doses, will be produced by them. The Hahnemannian Homeopathy contains all the drug poisons of Allopathy, such as nux vomica, belladonna, phosphorus, arsenic, quinine, iodine, etc., etc., but in high potency, and the lowest potency given by the bona fide homeopath is the thirtieth centecimal potency, i. e., the fraction which expresses the degree of trituration has as a denominator a "1" with 60 ciphers behind it. Through being sufficiently diluted the most deadly poisons are converted into absolutely harmless, and curative remedies. For example, cyanide of mercury, one of the most formidable poisons, in homeopathic potency is an excellent remedy for diphtheria,—nearly as extraordinary in its effects as Mattei's diphtheria remedy, Dom Fin. Rattlesnake venom (lachesis) is likewise a deadly poison, but by homeopathic trituration is transformed into a valuable remedy, and as such is made use of by the Hahnemannian school of medicine. But it should be borne in mind that all of Mattei's Electro-Homeopathic remedies are prepared from non-poisonous plants.

Hence, since a substance as poisonous as cyanide of mercury can be transformed into a beneficial remedy, by homeopathic trituration; inversely, a substance, which is in itself harmless, may by concentration be changed to a deadly poison. What is snake venom? It is nothing more than the saliva of a snake, in concentrated form. Therefore, it is not at all remarkable that even the saliva of human beings will act as a poison, when, through an outburst of anger, the saliva becomes concentrated; and it is a well known fact that being bitten by an angry person, or animal, is a very dangerous thing. A deputy sheriff related to me that on an occasion when he was compelled to foreclose a mortgage with a farmer, the latter became so enraged that he bit the deputy on the hand; and not only the hand, but the entire arm swelled—a clear indication of blood-poisoning.

However, we would not support our claims by mere argument, for a practical demonstration surpasses all theories. Whoever doubts the theory or principle of Homeopathy, merely has to free himself from prejudice sufficiently to give the homeopathic remedies a fair test, and he will soon be convinced of their genuineness. When one observes that the Mattei remedies are capable of curing the most serious forms of all diseases—cancer, tuberculosis and leprosy—one should thus understand that these little

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"sugar globules" contain something beside "sugar, starch and water." Personally, I believe that "there are more things in heaven and earth" than allopathic philosophy ever dreamed of, or chemistry can ever analyze.

Thus, if, instead of prescribing drug poisons and performing operations, physicians would merely test either the Hahnemannian homeopathic remedies or the Mattei Electro-Homeopathic remedies, we would have no fault to find with them; we would expect nothing more than a just and fair consideration. There are, to be sure, here and there in Sweden, a few physicians who are not entirely antagonistic to Homeopathy and the new school. In the "Svenska Familj-Journalen Svea," No. 5, 1894, may be read the following treatise by Dr. Grundal: "A few words concerning Homeopathy," wherein, among other things, is stated: "For so often has it (the fundamental: similia similibus curantur) been tested; so often proved, that only ignorance, lack of experience, or malice can doubt its truth. But in the realm of science, Truth has ever found it difficult to blaze its way, especially when it may contradict established opinions, or when its acceptance might threaten the authoritative standing of those devotees of science, who, actuated by ulterior motives, in view of their years of deep study, desire to individually reap the benefits of the results of scientific research, in one respect or another. Because of this, Homeopathy, under constant opposition, has made slow but steady progress." In conclusion, the author expressed the wish that the struggle between the old and the new school be not conducted "with rusty and poisoned weapons, which not so long since were waged against that learned thinker and medical man, Dr. P. J. Liedbeck, who was the first energetic champion and successful practitioner of Homeopathy in this country."

However, we cherish no illusions with regard to a rapid progress of the cause; we do not believe that the new school would replace the old, in a trice; for it is not an easy matter to eradicate error, and the old school is built up on a three-thousand-year-old blunder; and the disputes of "the learned" take time. But, that the people may not be compelled to wait until the physicians become inclined to keep abreast of the times, I have deemed it my duty to place text books in the hands of the common people, so that whosoever will, may take care of his own health, and reap the benefit of the blessings that emanate from the discoveries of the new school. It is nothing but prejudice on the part of allopathic physicians

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which prevents them from using the homeopathic remedies which are harmless, else they would test and prescribe them. But as soon as any discoveries are made within the precincts of the allopathic school, they are ready to at once try them out, and the more absurd and inconsistent these innovations, the more quickly are they embraced. Scarcely had the fame reached Sweden of the beneficial effects of sunlight in checking the red eruption and desquamation of smallpox, and that this disease would run its course more quickly if red rays of light alone were permitted to enter the sick-room, than a red room was prepared in Gothenberg. I could imagine how mystifying this must have seemed, and, too, I wondered whether they might not also have selected a red-haired nurse, clothed in a red uniform and wearing red slippers, in order to frighten away the smallpox!

Formerly, the strengthening and life-giving influence of sunlight had been praised in all keys of the scale; even the bacteriologists had demonstrated that sunlight kills germs; people had said, "Where the sunlight does not enter, there the doctor enters;" but now at last a learned doctor has discovered that sunlight aggravates smallpox, and the Gothenbergians at once believed this! With regard to this new discovery, The Diagnosis from the Eye teaches that if eruptive diseases are not permitted to come to the surface in the most favorable manner possible, the disease taints are retained by the body to appear later in another form. Those smallpox patients, who, through treatment by the Red Rays have hindered the eruption from developing to its fullest extent, are certainly not to be envied.

4. Rational Hygiene and Therapeutics

The second logical sequence of Iridology is as follows: All acute diseases are beneficial, provided they are properly treated. Through Iridology we know that in the beginning, acute diseases manifest no specific sign in the Iris, and that if treated rationally, i. e., by means of homeopathic remedies, or hydrotherapy, thereby healing and eliminating the cause of the disorder, the color of the Iris becomes lighter, the eye becomes more beautiful than previously, and the individual becomes healthier than before. Viewed from this standpoint, all acute diseases are beneficent agencies, over which one should rejoice, for they are merely expressions on the part of the body of the tendency toward the normal—reactions against internal or external harmful influences,

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such as exposure to cold, unhygienic habits of living, drug poisons, suppressed scabies and suppressed milk scurf, irrationally treated skin eruptions, vaccinations, etc., etc.

Iridology includes among the acute diseases:

A. All forms of eruptive diseases; scabies, milk scurf, boils, roseola, erysipelas, eczema, pemphigus, herpes, prurigo, and similar diseases.

B. All forms of fevers; malaria, yellow fever, gastric fever, typhoid fever, nettle-rash, scarlet fever, measles, smallpox, and similar diseases.

C. All forms of catarrhs and inflammations accompanied by more or less feverishness, such as coughs, bronchitis, catarrh of the lungs, pneumonia, coryza, influenza or grippe, diphtheria, croup, catarrh of the stomach, intestinal catarrh, dysentery, peritonitis, cholera, pest, inflammation of the kidneys, inflammation of the uterus, inflammation of the brain, articular rheumatism, inflammations of the eyes and ears, and similar disorders.

Thus diphtheria is frequently only a reaction of the body against vaccination, or against a defective quality of lymph. And what is influenza, but a reaction against an injurious atmospheric condition? The symptoms of this disease resemble cyanide poisoning. The ancients certainly had a correct conception of the nature of this ailment; they named it "influenza" because they realized that it was due to injurious "influences" in the atmosphere. Even cholera is likewise a reaction against injurious atmospheric influences, combined with filth and uncleanliness, and it may be questioned whether it is cholera or the allopathic treatment of this disease which is fatal. According to statistical reports the mortality from cholera in Hamburg, 1892, was 64 per cent among the male sex, and 44 per cent among women affected with the disease. These are figures which inspire terror! This is a larger percentage of mortality than when cholera appeared in Europe during the 1830 decennium; thus during the subsequent sixty years, Allopathy has not gone forward, but has, instead, retrograded. It is a significant fact that cholera has never obtained a footing in the cleanly cities of England, with their sanitary sewage systems; it is manifest that the disease cannot thrive there.

I am well aware of the fact that physicians denominate these maladies as bacterial diseases, and the same with regard to leprosy. All lepers who have consulted me have stated that physi-

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cians have informed them that there were "germs in their swellings." This may be true, but Iridology shows that leprosy is a consequence of decomposition of the blood, and this is verified by homeopathic treatment, for the same Mattei remedies which purify the blood are likewise beneficial for leprosy. However, in an age when bacteria are considered the cause of disease; when humanity in general is terrorized by the germ-phobia, it will naturally be considered as pure foolishness on the part of the homeopaths to claim that bacteria are not the cause of disease, but are the concomitants or accompaniments of diseased conditions. Just as worms may develop and thrive in diseased intestines, in the same manner, bacteria can thrive only in diseased organs; one must first be diseased before germs can exist and develop. The celebrated Professor Pettenkofer has demonstrated that the bacillus of Koch (comma bacillus) is not the cause of cholera; and to more thoroughly make certain of this fact, he drank an entire glassful of comma bacilli, with the firm conviction that he would not contract cholera, and neither did he, because the germ of cholera cannot thrive in a healthy digestive tract. However, when Koch discovered the comma bacillus in the excrements of cholera patients, he immediately drew the hasty conclusion that this germ was the cause of cholera, merely because it was present in the cholera excreta. A parallel case would be that of a person, who, finding a worm in an apple, would thereby draw the conclusion: the worm is responsible for the apple, for it is there found and has its development in the fruit.

Germs may serve as a bugbear with which to frighten women, children and sick people, but healthy individuals have no fear of them. The newspapers, which formerly contributed to the spread of this germ-phobia, have recently changed their tactics and now treat the subject in a lighter vein. In this connection the "Nya Dagliga Allehanda" not long ago published an article with the title, "The Germ Phobia," wherein, with considerable levity, is set forth the fact that in Norway, communion-cakes have been manufactured, which are guaranteed not to be infectious.

Dr. Henrik Berg has also seriously warned against spreading the fear of germs, and points out the sad consequences of the fear of tuberculosis, which he elucidated by the case of a tubercular missionary from the Congo, who, returning to Sweden, found it impossible to lease a place of residence, finally being compelled to purchase a cottage, that he might live in peace the remainder of

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his days. The very latest in the fear of germs is that mentioned by "Folkets Tidning," referring to the case of a consumptive whose food was served to him through a window, and because of this fear of coming in contact with the patient, he was allowed to nearly perish of filth and vermin.

One should not overlook the fact that it is the members of the regular medical profession who are responsible for having instilled in the people this fear of germs. Ministers certainly do not fear to visit consumptive patients, or any others, for that matter, who may be suffering from the so-called contagious or infectious diseases. While actively engaged in the ministry, I recall in particular, an incident in Skellefteå, illustrative of the germ-phobia. Early one morning, while it was still dark, I journeyed to visit a young man who was afflicted with diphtheria, and who, it was reported, was at death's door and requested spiritual consolation. Entering the sick-room, two women (the mother and the housemaid), approached, both smoking pipes. I opened wide my eyes in astonishment, considering their conduct in the highest degree inappropriate to the occasion, and I remonstrated with them. They excused themselves by explaining that they were smoking merely because of fear of infection. "So that is the case—you are afraid of being infected," I burst out, and, turning to the patient, I bent over him, and requested that he breathe sharply; thereupon I inhaled the odor of his breath a few moments. Subsequently, I remarked; "This is not a case of diphtheria. It is merely an ordinary inflammation of the throat." The mother assured me, however, "that two physicians had pronounced it diphtheria." "The physicians are mistaken in their diagnosis. By Sunday the patient will be well enough to attend church services; he will not die this time," I replied. The result was as I predicted.

As acute diseases are merely an expression of Nature's effort to cleanse the body of injurious substances of all kinds, the function of medicine should be to assist Nature in eliminating from the body the causes of disease. This is precisely what Count Mattei's Electro-Homeopathic remedies are able to do; they are the best, most simple, and most effective homeopathic remedies known; they merit the high estimation in which they are held by Swedish homeopaths. Furthermore, note how rapid is their effect! Within forty-eight hours one is able to cure diphtheria—the disease which, under allopathic treatment, is so "murderous"—by using

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the specific Dom Fin and other Electro-Homeopathic remedies. Dom Fin, alone, should have earned for the discoverer a bronze statue, instead of the oprobrium, "The Italian Fraud." We Swedish homeopaths have fully experienced the beneficial effects of this remedy. Gastric fever may be cured in four days with the Mattei remedies; and to cure pneumonia, one of the most serious of all acute diseases, only ten days are required. Consequently, it is a real pleasure to have to do with acute diseases; and this is the opinion of all adherents of Electro-Homeopathy.

Prior to leaving Anundsjö, a lady came to bid me goodby, and remarked, among other things: "It is actually a delight to me when any of the children become ill, because it is such an easy matter to cure their ailments with the blessed Mattei remedies;" and she thereupon mentioned several experiences in that connection. It is a fact that it is mere child's play to cure acute diseases with the Mattei remedies, and I hold that it is almost impossible for anyone, who has been given the indicated remedies, and follows instructions, to die of an acute disease.

Another advantage in the homeopathic treatment of acute diseases is that no convalescence period is necessary, as the patient feels well immediately the treatment is concluded. A case in point is that of a person who suffered with a serious gastric fever; the homeopathic treatment required four days; on the morning of the fifth day the patient arose at four-thirty. In the beginning he was a trifle dizzy, but in the evening, after working all day, he said:"The Mattei remedies are certainly excellent; when one is well one is well indeed." Whereas, in treating an acute illness with allopathic drugs, how long a convalescence period is not necessary; how long a time is not required to recover from the effects of the disease!

While it is an easy matter to cure acute diseases with the Mattei remedies, it is most difficult to improve and cure chronic ailments, and requires a long time. Iridology shows that it requires an entire year of treatment to cure chronic catarrh of the stomach, the lightest form of chronic diseases, and the signs in the Iris will not disclose a thorough healing before that time. To cure cancer it may require from two to five years, and here, if ever, as Dr. Weihe once wrote me, demands "Geduld und geduld, und immer wieder geduld,"—"Patience and patience, and still more patience."

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If it has taken seventeen years to thoroughly wreck one's health by allopathic treatment, is it not within reason that it might require at least that long before one would be restored to health? Homeopathy has established a general rule which holds that it takes as long to cure a chronic disease as the length of time the disease has existed. The entire body must be gradually improved from within; the encumbrances are to be eliminated by internal remedies. Not even a single pain can be thoroughly cured by external applications alone—one must purify the blood. But such a regeneration of the body, achieved by an organic change, through the process of metabolism, demands time and patience..

With reference to diseases due to drug poisoning, they are fundamentally incurable, and the signs of these conditions never disappear from the Iris. How many persons do we not find who are suffering from the after-effects of allopathic treatment! Look about you, and you will observe how discolored are the eyes of most individuals. Question them and the reply will be that they have taken a great many drugs. But if you find one in a thousand who has sparkling blue eyes, and, if on examining his eyes with a magnifying lens you discover no other but the natural blue color, you may be sure that you have before you a thoroughly sound individual; a man of the old stock, and in response to your inquiry you will find that he has never used drug poisons; furthermore, if his eyes are light sky-blue, then you see one of the few fortunates who have escaped the "blessings" of Jenner's discovery.

In order to improve or arrest a chronic disease, one must first determine the primary causes of the malady. This is the fundamental principle of Homeopathy. If the fundamental cause is not removed, then all treatment is mere palliation. In determining the cause in chronic cases, Iridology is in its element, and that those who have used the Mattei remedies have met with such signal success may be ascribed to my having established by The Diagnosis from the Eye, the underlying cause of their trouble.

Another fundamental principle of Homeopathy is this: To cure a chronic disease, we must first reproduce the original, but wrongly treated acute disease, or produce boils, skin eruptions, fever or perspiration, to thoroughly eradicate the disease. Thus, to cure asthma, we must first reproduce the cough which was previously suppressed by allopathic drugs; then gradually cure the cough, meanwhile comforting the patient with the assurance that "the cough is a blessing." The homeopath greets cheerfully every

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skin eruption, or fever, which may arise during treatment, for he knows there is no better way of getting rid of the disease. A German physician who realized what our present day allopaths do not understand, namely, that fever is a blessing, said: "Grant me the power to produce fever, and I will cure any disease." The only allopathic physicians who seem to have a conception of this principle are those physicians at the various hydropathic establishments and watering-places. They speak of a characteristic fever which appears during the treatment and consider it a favorable indication, whereas, all other allopaths look upon fever as an enemy to be put to rout by every possible means. Allopathy possesses fever remedies—many kinds, in fact—but what is their effect? They are able to lower the temperature of the body very materially, but the patient has chills, headache sets in, and he is unable to sleep—this, the allopaths call "curing" a fever. If the patient survives this method of treatment, he needs considerable time to recruit his strength, and, if he looks in the glass he will note that the Iris has acquired many new signs, and that a discoloration of the eyes has taken place.

The fever remedies prescribed by the homeopaths exert an entirely different effect; they open the pores of the patient, producing a beneficial perspiration, after which, the fever disappears and the patient experiences throughout his entire body a change for the better. By this method of treatment, no additional signs of disease will appear in the Iris, but on the contrary, the color becomes lighter. Nothing is more welcomed by the homeopath than a high fever, accompanied by profuse perspiration; if the temperature rises higher than he desires, he dilutes the fever remedy and thus moderates the fever.

The successful cures by Homeopathy have been resented by the allopaths, but in order not to be compelled to acknowledge these facts they have tried to mislead the public by ascribing the results to the effects of Suggestion! I would call this action on their part an attempt to "swindle" the public. By this art, a scholastic physician sought to show, in a newspaper article, that the effect of the Mattei remedies depended entirely on Suggestion. And quite recently there appeared in the 'Nya Dagliga Allehanda," one of the most important newspapers of Sweden, the following article, which, while it did not mention the name of Mattei, was nevertheless, aimed at him:

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"The Effects of Imagination." "With a firm faith, it is possible to achieve a great deal in this world, is an old proverb which has been verified in fact. Faith is without doubt the most wonderful remedy in the universe, although it has not been honored by being included in the pharmacopea. How much physicians may be indebted to faith may never be fully determined. It is, relates an English physician, absolutely true that in many cases certain miraculous properties have been ascribed to various prescritions, even when they were entirely devoid of therapeutic properties. "I have," says the beforementioned physician, "produced calmness of nerves and mind, and refreshing sleep, by giving patients colored distilled water, to which has been added some harmless substance imparting a bitter taste to the water. Among my friends was a lady who suffered with severe neuralgia, and who repeatedly expressed her firm conviction that she felt sure of becoming absolutely well if she could but sleep soundly. Time and again she implored me to give her some opiate or hypnotic, but her relatives would not permit her to take anything of the kind. Then the idea came to me to see what faith and a little mysteriousness might accomplish in such a case. When the lady again consulted me and entreated me to give her a dose of laudanum, I pretended partially to accede to her desire. At the same time I let my voice sink to a confidential whisper and begged her to promise that if I granted her desire, she would under no circumstances whatsoever tell her relatives about it. This she gladly promised, and shortly thereafter, I gave her a bitter drink which I had prepared. "You must know," said I, in an anxious and solemn voice, "that this is a most powerful and dangerous drug. Drink it quickly, then lie down, and in a few minutes you will be sound asleep." Within ten minutes she had fallen into a most quiet sleep lasting nearly three hours, and when she awoke, her neuralgia had disappeared.

"How many persons are there not, who, to the despair of their friends, relatives and physician, imagine that they are constantly ill. This was the case with a young man of my acquaintance. Several physicians had in vain prescribed for him, but "nothing helped." I then took him in hand, assumed a very serious attitude as though examining him most painstakingly, and when the examination was concluded, I let fall a long-drawn-out "Aha, h'm!" To his inquiry as to what I meant, I replied that I had discovered what his trouble was, as well as the underlying cause of it. "I can cure you," said I, "but I would rather not put the remedy in your

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hands." "Why not?" asked the young man. "Because it is so powerful. The least carelessness may be dangerous, although it contains the most remarkable curative properties." "You may rely on me," he answered, "I shall most carefully follow directions, and keep the medicine under lock and key." After a moment's apparent striving with myself, I agreed, and requested him to return within an hour. I prepared two dozen small breadpills and rolled them in aloes meal, to give them a "medicinal" odor. When my man came, I gave him the pills, still maintaining a nervous and mysterious air. "Don't forget," said I, "that the dose is one pill—two pills are fatal! Follow my instructions and within three days you will be another man!" And such was the case. He said to me afterward that he would never be without those pills for anything in the world.

"A lady who had visited us had a wonderful faith in antipyrine as a headache remedy. She had been told a number of times of the excellent results of this drug, but she, personally, had never tried it. While she was with us, I cured her in an hour of a severe headache, by letting her believe that the medicine I gave her was antipyrine. The "medicine" was distilled water.

"A nervous gentleman among my acquaintances requested me to prescribe for him. It was immediately suggested to me that here was an opportunity where my researches with regard to the power of imagination might be pursued more deeply, for there was really nothing the matter with the man. I prepared a bottle of something that had a sour taste, but which was absolutely ineffective as a remedy, and explained to him that the mixture was a very complex one, and its administering was associated with considerable risk. "I believe it will benefit you," I said to him, "but should it cause a roaring in the ears, come to see me at once." He at first seemed rather afraid to take the medicine, but I persuaded him to take it. And what happened? Early next morning he appeared, in a very excited frame of mind, burst into my house, and declared that the medicine had most seriously injured him, causing a most terrible ringing and roaring in the ears, and he demanded that I give him an antidote at once. I gave him something which I assured him would neutralize the effects of the medicine, and in half an hour he announced, with smiling countenance, that the roaring had disappeared. A little mysteriousness, together with the help of the patient's imagination has worked miracles."

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I do not question the possibilities of what has here been related. It would be highly desirable that our friends, the allopaths, always used such methods of treatment; provided that through similar methods of "cure," a scientific treatment of the case be not postponed until it is perhaps too late to save the patient's life. Of such methods of treatment, it might truly be said: "If it does not help, it cannot do any harm." There would then, at least, not have occurred the unfortunate condition mentioned in the following. By a strange coincidence, this was recorded in the same issue of the newspaper containing the foregoing article:

"The Cocaine-Poisoning at Lysekil." Concerning this incident, which has aroused considerable attention at Lysekil, is stated: "Miss Marie-Ann Huttling, of Stockholm, died here very suddenly, on the 13th instant. Physicians at first thought heart failure was the cause of death, but, after the inquest held on the 16th instant at the Police Headquarters, the following facts have come to light: Dr. W—, the Superintendent of the Bath House had on the day the death occurred, prescribed a sulphonal powder for Miss H—, who suffered with insomnia, and who had previously used such powders. The prescription was taken by Madame Therese Huttling, the mother of the deceased, to the adjacent pharmacy, and was received by the pharmacist's apprentice, Mr. E—, with the request that it be quickly filled. The powder was immediately prepared and delivered to Madame H—. At 10 o'clock in the evening Miss H— reached home and partook of her evening meal, and recalled that in accordance with instructions she was to take a powder in a glass of cold water. After taking the powder, she remarked that it had a peculiar taste, quite different from sulphonal, and said immediately that her tongue and throat seemed paralyzed. Madame H— at once put the daughter to bed, wherewith the young woman became unconscious. Dr. W— was immediately sent for. He had already retired, but dressed without delay and dispatched a messenger to call Dr. F— the assistant physician. Dr. F— immediately went to the residence of Madam H—, where he found the daughter unconscious and with a dark-blue (cyanotic) color of the face. Dr. F— at once administered stimulating remedies and applied artificial respiration. Upon the arrival of Dr. W—, five or ten minutes later, stronger stimulants, such as injections of camphor, ether, etc., were given. After a period of constant effort of this kind, a slight reddish color showed on the lips and cheeks. About this time, Doctors L— and B—F— ar-

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rived, and after consultation, the physicians were all of the opinion that the artificial respiration should be resumed. This was continued until 2:40 in the morning, but the body gradually became cold and rigor mortis of the limbs set in. By this time, Dr. K— was also called, as his opinion was desired before the case was given up. Doctors W—, F— and L— at once suspected that there must have been a mistake in filling the prescription at the pharmacy, whereupon, after the arrival of Dr. K—, they tried to determine the nature of the powder, by tasting it. Dr. F— first expressed his opinion that it was cocaine, instead of sulphonal; which opinion was later unanimously confirmed by all physicians present. Immediately after his arrival, Dr. W— requested that Dr. B—F— preserve in a sealed package, the prescription and the remaining four powders which had been prescribed by him (Dr. W—). At nine o'clock on the following morning, Dr. F—, accompanied by another physician, Dr. K—, went to the pharmacy to conduct an examination with regard to the constituents of the powders. Half of the powders were submitted for inspection by the Apothecary B—, the remainder being analyzed by the physicians. The analysis completed, the reaction showed a significant quantity of cocaine, and the information was imparted to the consulting physicians that there had been a mistake in compounding; that cocaine instead of sulphonal had been dispensed. A quantitative analysis was not made, as this was deemed unnecessary.

"Furthermore, all cocaine prescriptions are supposed to be legally registered and duly signed. The apothecary's apprentice, Mr. E—, was absent at breakfast while Doctors B—F— and K— were at the drug store, but on his return he was informed that he was responsible for the mistake in compounding the above mentioned prescription. He had a distinct recollection where he had put the jar containing the supposed sulphonal, but on closer examination it was found that it contained cocaine, instead of sulphonal. He also remembered quite well having filled the prescription from this same jar, but without observing that it contained cocaine. The mother of the deceased declared that she did not intend that the author of the unhappy occurrence evade responsibility. The case has been held over until the Autumn term of court."

A fact which refutes the theory of "suggestion" in successful cures by Homeopathy, is that homeopathic remedies cure diseases of young children and of animals, and this may be proved by anyone who is open minded. However, very few would take the trouble

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to observe this, and still others would maintain that a cure in these cases was solely a work of Nature. Because we cannot convince our opponents of the excellence of Homeopathy, I would not urge them to give it a trial, but suggest that they embrace Allopathy, the system of drug poisons; and as these drugs are decidedly injurious, sooner or later, this fact will be demonstrated, objectively and subjectively. After having had bitter experiences with drugs, they may then become interested in trying Homeopathy, and the practical results of this method of treatment will make them fast friends of Homeopathy.

In a rational treatment of disease and preservation of health, is included a common sense diet. For those persons who have a finely organized nervous system, it is not necessary to prescribe any special dietary, for in their own palate—in their sense of taste—they have the best criterion for this purpose. Therefore, it is not necessary to say to these people that anything that has a disagreeable taste is injurious; that all forms of intemperance are harmful; this they know full well. But it is also true that it is not of minor importance what food substances are used. As inferior and decaying food and impure water will make a well person ill, a wholesome and palatable fare will act not alone as nourishment, but also as medicine. It is well known, for instance, that Linnaeus, whenever affected with rheumatism, always cured it by eating liberally of wild strawberries. Water alone, is an excellent remedy for the preservation, and likewise the restoration of health.

True homeopaths eat simple, wholesome and palatable food. We do not use refined white sugar, as the ultramarine blue which is used for bleaching it, is not assimilated by the body. Therefore, while white sugar is a staple commodity, it is highly injurious to use this form of sweet. A further proof of its injurious effects is, that the neuralanalysis has found that white sugar has a "paralyzing" effect of 14 per cent. The natural brown sugar has been shown by neuralanalysis to possess a "tonic" effect of 24 per cent. Thus, natural brown sugar is wholesome—a medicine as well as a food. Unfortunately, our "competent" authorities have forbidden the sale in Sweden of unadulterated brown sugar—a substance which we homeopaths use as both medicine and food.

We homeopaths are not afraid to use coffee, tea, cigars, pure wines and liquors—in moderation—for The Diagnosis from the Eye shows that these substances produce no signs whatever in

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the Iris; consequently are not harmful when used in moderate quantities; it is intemperance in the use of these substances which is injurious. As it is an easy matter to misuse alcoholic liquors, I would advise weak-willed persons who have not sufficient self-control, to refrain from their use. And in all cases I advise against the use of wines and brandies, for these are as a rule adulterated, containing chemicals which may be injurious to health. But pure wine is beneficial and even augments the effect of homeopathic medicine.

I venture to say this, although I know that the so-called temperance advocates will resent it, and would try to make it appear that I am not a friend of sobriety. I believe, however, in being consistent in all things. Therefore, I would advise all adherents of temperance to desist in the use of brandy in case of sickness, for it would be inconsistent to use liquor in such cases. If spirituous drinks are harmful for well persons, how can they be beneficial to sick people, and furthermore, why should they be prescribed only by physicians? But, if you, who pretend to be friends of temperance and sobriety, insist upon using alcohol for colds, etc., you should take genuine brandy. We know what genuine brandy is composed of; but we do not know what chemicals injurious to health may be contained in French cognac. Nevertheless, I would assure you that if diseased humanity could have been healed through alcohol, we would today have no sick people. Therefore, be consistent, refrain from the use of cognac, even when the physician prescribes it.

What I had expected with regard to my expressions in the foregoing, has taken place. Certain individuals have taken exception to my admonitions respecting moderation in eating and drinking. Many would doubtless have hoped that I would preach absolute prohibition as regards the use of coffee, tea, tobacco, wines and brandy. One individual asked me whether I did not know that .4 grams of caffeine is sufficient to kill a cat. Another had the kindness to inform me that nicotine was one of the deadliest poisons. A third would show, if I was not familiar with the fact, that even physicians, when put on their honor, admit that alcohol is a poison. Had I written: We homeopaths live on caffeine, eat nicotine, and drink pure spirits, I should have understood these criticisms. It is quite reasonable to believe that .4 grams of caffeine is sufficient to kill a cat; but it is altogether unreasonable to think that the feline would give up the ghost if served a cup of good coffee.

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We homeopaths do not drink caffeine; and we would consider it a cruelty to animals to give it to a cat. Caffeine is a concoction prepared by chemists who evidently have not brains enough to use their sense of taste and smell. We homeopaths drink coffee. And coffee is a brew of the common people; discovered by an Arabian monk, who evidently knew that what tasted good and has a pleasant aroma must likewise be wholesome. Neither do we use nicotine. This is a preparation from which chemists and pharmacists alone derive benefit. But in the cigar store, one finds only cigars and tobacco; and for those who enjoy the taste of tobacco, and do not misuse it, it is doubtless beneficial, provided, however, that they do not suffer with catarrh of the throat or lungs. It is foolish, and a waste of time, to oppose the use of coffee and tobacco. History shows that people will not discontinue the use of these substances unless they find other and more agreeable things to please the palate. Furthermore, if the good templars abominate spirituous drinks merely because alcohol is a poison, they should likewise avoid drinking coffee inasmuch as the doctors now admit that caffeine is a poison. The only substance that they can use for enjoyment, if they are to be consistent in their faith in the doctors, is boiled water; for physicians acknowledge that even unboiled water may be dangerous to use, particularly during times of cholera epidemics. For my part, at least, there are yet to be advanced reasons adequate to change my views in this connection. For many years I have observed people who have, all their life, used coffee, tea, chocolate, tobacco, wine and brandy, but in a moderate manner, like sensible people; and these individuals have attained the age of eighty and ninety years without having discolored the beautiful blue of their eyes. From the standpoint of an Iridologist, I realized that these enjoyable "stimulants," although they were said to be poisons, in reality were not poisons in the same sense as mercury, iodine, arsenic, quinine, and other drugs. And if we would know why they are harmless substances, we need only consider their chemical composition, and find that it lies in their characteristic carbohydrate content; the finer the carbohydrate, the finer the substance, or beverage. Carbon and hydrogen are likewise found in sugar, fats, cream and other food substances. Carbon and hydrogen are constituents of the body, and for that reason the above mentioned "stimulants" can hardly be poisonous or injurious to the body. But as an excess of salt is injurious to the system and causes scurvy, so, too, the excessive use of these

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pleasing stimulants is detrimental. We do not deny that there exists an abuse of tea, coffee, tobacco, and alcohol,—and we deplore the fact. This misuse, however, will never be uprooted by deluding the people into believing that the substances in question are poisonous. We must, on the contrary, arouse them to a realization that it is morally destructive to be slaves to their appetites. In order to save humanity from moral and physical destruction, it is necessary to bring to light fundamental causes and apply the remedy therefor. Among some of the most conspicuous causes, if, indeed, not the most prominent cause, of the nervousness of the present day and the craving for stimulants, I would emphatically point out,—and this opinion is based on my own observations of many years,—is the allopathic drug poisoning, from which almost everybody suffers. Let us, therefore, bend our efforts to improve the condition of humanity, from both the moral and physical standpoints, if we are to succeed in counteracting the craving for stimulants and excitement.

We homeopaths do not drink the ordinary tasteless beer, for The Diagnosis from the Eye shows that lead poisoning may result therefrom, and this makes it more injurious than whiskey. We have practically no faith in chemistry; it has recently revealed its insufficiency in the analysis of the Mattei remedies, having discovered nothing but "sugar, starch and water," in spite of the fact that neuralanalysis has demonstrated that they are "nerve-tonics" of great power. Hence, we doubt even the beer-analysis of the chemists. Good home-brewed ale may be recommended, as it leaves no sign of drug-poisoning in the Iris, and there is no danger of lead-poisoning, provided the ale is preserved in wooden casks and served in mugs of stone, tin, or silver. We homeopaths do not approve of the use of foods packed in tinfoil, as it generally causes lead-poisoning and colic. In short, we believe in conserving a good digestion by shunning all harmful and unpalatable food substances, and by avoiding gluttony. Our principles are: to enjoy all of Nature's gifts unadulterated and with moderation and thankfulness.

Having solved the problem as to what we may eat and drink, there arises the question with regard to what clothing is best, and particularly with reference to underwear. In themselves alone, cotton underwear such as Lahmann's Reform Cotton Underwear; linen underwear such as Kneipp Linen Underwear; ramie or China Grass Cloth; pure uncolored silk, as well as uncolored wool,

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or wool colored with non-poisonous dyes, are not injurious to health, provided that the skin activity is cultivated by proper baths such as air baths, steam baths, Turkish baths, water cure a la Kneipp (this treatment dependent on the presence of the scurf rim), and exercise in the open air. On the other hand, the materials which are injurious to health are: ready-made under clothing of silk, colored with poisonous dyes, or woolen underwear containing arsenic. Most woolen materials prepared from imported wool contain arsenic, as prevails in Australia where the sheep are dipped in arsenical solutions to prevent sheep scab. Unfortunately, the arsenic cannot afterward be separated from the wool; hence, such clothing is injurious to health and causes the signs of arsenical poisoning to appear in the Iris.

It would, therefore, be highly desirable to be able to determine whether woolen stuffs contain arsenic or not, and a reliable method of procedure is as follows: A sample of the cloth is cut into small strips and heated, with a solution of glycerine-agar in a test tube, after which it is allowed to cool with the tube placed in a slanting position; thereafter a small portion of the fungus penicillium brevicaule is added, and the test tube covered with a rubber finger cot. In a short time the finger cot is removed, and if the contents of the test tube give forth an onion-like odor the sample contains arsenic.

While it is injurious to health, under the best of circumstances, to wear woolen underwear containing arsenic, it is rendered much more serious if one suffers from drug-poisoning. Woolen clothing, even of the best quality, gradually becomes a source of danger if worn by individuals who have taken quinine, iodine and other poisons, for wool has the faculty of attracting to itself these drugs, which, like arsenic, cannot be removed by any known method of laundering. Such individuals would do well to avoid the use of woolen clothing in any form.

According to Professor Jäger, the advantage of the Wool Regime lies in the fact that wool retains only the wholesome exhalations from the skin, whereas, vegetable fabrics possess the faculty of attracting and retaining the unwholesome odors and exhalations; on these grounds he has concluded that wool is therefore the most rational material for clothing, provided, however, it is pure wool, free from arsenic, or other poisons. On the other hand, if an individual wears wool which has become impregnated with arsenic or other drug poisons which had been deposited in

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the body and thus absorbed by the wool, the effete eliminations cannot pass through the wool, the fatty substances of the skin are absorbed, the wool loses its porosity and does not permit of the escape of the decomposition products of the body, which are contained in the perspiration, all of which substances remain on the skin, causing a disintegrating effect and soon the skin is seriously injured. In this manner not only does the wool underwear take on an offensive odor, but the skin becomes so sensitive that it is soon necessary to double, and even treble, the usual amount of underwear to avoid freezing, and even in spite of such heavy clothing the individual suffers with constant colds and catarrhs—"the eternal catarrh of the wool-wearer." Moreover, such underwear cannot become perfectly cleansed by any method of laundering. This is the other phase of the Wool Regime.

On the other hand, if one dresses in ramie, or underwear of any other vegetable fibre, such material will absorb the effete matter contained in the perspiration, and, while it will become more or less odorous, it will not absorb the fatty substances or natural oil of the skin. This latter substance thus remains on the skin, keeping it smooth and oily, and acts as a protection against colds, and eventually the skin becomes firm and compact. Those individuals who have attained a great age, invariably have a firm and compact skin. The effete matter absorbed by linen and other vegetable fibre is easily removed by laundering.

We would emphasize that there is no "normal" clothing suitable for each and every individual, but each person must experiment and find that which best suits his case. Were I to give advice with regard to underwear, which might apply to people in general, I should suggest that either linen or cotton be worn next to the skin. If additional clothing is necessary, I would advise that heavy-ribbed cotton underwear be worn over this. As a substitute for these materials, tubercular patients should wear an undershirt wadded with cotton batting.

During the last few years I have very carefully studied the underwear question. The results of my experiments and investigations, may very appropriately be here summarized, as follows:

1. Professor Jäger has found that patients suffering with liver ailments cannot with advantage, wear wool. As nearly all people of the civilized races have liver trouble, to a greater or lesser degree, because of drug poisoning, woolen underwear is eo ipso injurious for all people.

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2. I have found persons whose bodily odor may well be compared to all the perfumes of Arabia, even though they wore cotton underwear; and others whose bodily odor was most offensive in spite of the fact that they wore wool, and I gradually learned to understand that if a person has naturally a pleasant bodily odor this will be imparted to the clothing, whether it be wool or cotton. But whoever by nature has an unpleasant bodily odor, will manifest this fact regardless of the character of the clothing.

3. During the last fifteen years my family and myself have used linen underwear, even linen stockings, and we find that it causes the skin to be firm and compact. During this period I have suffered with neither excessive perspiration nor chilliness, which condition obtained while I was an adherent of the Wool Regime. Our underwear is made of the woven linen cloth; not of the knitted material. The stockings, however, are knitted. I now advocate as an elderly German Frau has often said: "Weave linen at home."

In conclusion, rational hygiene includes a rational care of the skin and proper skin culture. What does this mean? Is it to be supposed that rational care of the skin is exemplified by Dr. Sandelin, in his work "Woman's Organism, Its Structure and Hygiene," wherein he advocates for everybody a daily soap-bath for the entire body, and twice weekly, a hot bath with soap? Or does rational skin culture involve following the instructions of Dr. England, who received a prize of 500 kronor from the Medical Society for his book, entitled, "The Care of the Skin, and Bathing Customs," recommending that everybody take Finnish, or Russian Baths? Or is it rational skin culture for everyone to take the Kneipp or Kuhne cures? The reply must be in the negative. Rational care of the skin is an individual problem, and what may suit one person, does not necessarily apply to everybody, but each must care for his skin in the manner that is best suited to his own condition. As a matter of fact, this is a very indefinite answer to the question, and so the reader will doubtless be interested in learning whether I have any well-defined or even general rules to offer, which may be taken as a criterion.

To elucidate this matter, I would relate my own experiences and submit the conclusions at which I have arrived. As a boy, I greatly enjoyed bathing in the cold waves of Öresund, frequently bathing several times daily, and in this manner I learned to swim. Later on, I was revaccinated, and immediately my enjoyment of

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cold bathing disappeared, for I became so chilled that only after express orders from my physician would I take a hasty dip in the cold sea. I then began to reflect as to the cause of my aversion to cold water and why I became so thoroughly chilled, for this was not usual with others.

A certain person of high rank was in the habit of daily riding from his castle north of Helsingborg, regardless of the weather, to the city's cold bath establishment, where I, too, was in the habit of bathing. After his bath he entered his carriage and was driven back to the castle. Thus, neither before nor after the bath did he take exercise, whereas, I found it necessary before and after my bath to take a very brisk walk to prevent becoming chilled from my cold plunge, and to afterward create warmth in my body. Why did not this person need to exercise, but became warm immediately after the bath without further trouble? I replied to my own question as follows: "He is well and strong, and you are sick."

We will now pass on to several years later, when I spent the summers of 1874 and 1875 in Varberg, where, in accordance with my physician's instructions, I was to take cold sea-baths, but I experienced the same chilliness preceding and following the bath, as previously. One day I stood on the pier at Malmö when the King was expected to arrive from Copenhagen. Scarcely had the boat been docked when the King went to the bath house, took his cold bath, and then entered his equipage and was driven to his residence. Again, I asked myself the question, and the reply was the same as before: "He is well; you are sickly." It was a good many years before I found a better answer, and realized that not all persons can with profit take the same kind of baths, in spite of the fact that there are "learned" persons who do not know this.

One day I engaged in conversation a professor in Stockholm, with reference to the care of the skin. He described his personal habits with regard to skin culture: a cold plunge every morning, in the summer a cold sea-bath, a rub with sea-sand, another plunge into the waves, followed by a sun-bath. I sat amazed and breathless, listening to the professor's enthusiastic description, and when he had finished, I asked mildly, "Do you prescribe that kind of treatment for your patients?" "Most certainly," he replied. I then assured him that such a course would kill me within a month, and then I had an opportunity to relate the contemplations of my

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boyhood and while a student at the university, and then set forth the results at which I had finally arrived.

I wish here to explain that there are individuals whom Dr. Grauvogl calls "oxygenoids," i. e., those who absorb a great deal of oxygen. These persons can stand all kinds of baths, and their skin becomes warm immediately after a cold bath. Generally speaking, they may expose their body to rigorous usage, be out in the most stormy weather and the most bitter cold without being affected by it; it is practically impossible for them to catch cold, and they scarcely ever freeze. In Stockholm there are thirty-two persons, among them two women, who daily take their sea-baths between cakes of ice, througout the entire winter. Among the oxygenoids are included those idividuals who have beautiful blue eyes and who belong to the first class constitution. The professor was one of these, having blue eyes, a splendid physique, and excellent skin action. This method of bathing was suitable for him, while it would soon cause me to "give up the ghost," as I am one of those unfortunates who belong to the hydrogenoid class of people, —those who have too high a content of water in the tissues; hence, a too low specific weight. I have not always belonged to this class, but do now because of revaccination and drug poisons. If one takes quinine and other poisonous drugs, these become deposited and remain as heavy masses in the tissues. In order that the organism may be able to functionate as much as possible, the tissues must absorb more water than is required among those who are not drug-poisoned, and this increases the content of water in the tissues, diminishing the specific weight of the body, although the absolute weight increases. If there is an excess of cell-and-tissue-moisture, the body perspires very easily, pronounced thirst arises, and, in drinking, one drinks too much water and this in turn increases the content of water in the tissues and causes one to take cold very easily while perspiring. As most adults are more or less drug-poisoned, it follows that they, in addition, have the scurf rim surrounding the Iris, and they suffer with an excess of tissue-water; they have a puffy appearance, perspire easily, are susceptible to colds, and are very sensitive. These are they who find difficulty in becoming warm after a cold bath. Cold baths should not be recommended for such individuals. Russian or Finnish steam baths, but above all, Turkish or Roman baths are most suitable for them, provided they do not suffer with heart trouble or serious lesions of the lungs. The great excess of water in the tis-

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sues will be reduced by baths of this kind. In conclusion, there is a third class of people whom Dr. Grauvogle calls carbogenoids; i. e., those individuals who produce an excessive amount of carbon in the form of calcium carbonate. They are most frequently emaciated, with sunken cheeks; and suffer most of their life with ugly carbuncles which leave unsightly scars, especially on the face. To the same class belong the gouty individuals who are troubled with uric acid diathesis; i. e., deposits of uric acid salts. This class is characterized by a too high specific weight, and many of them appear to be nearly "as dry as mummies;" they, therefore, live a long time, but there is not much life in them. The carbogenoid individuals should decrease their specific weight by increasing the content of tissue water, and this can be done by means of very warm baths of an hour's duration, which enlarge and relax the vessels and produce thirst, which should be thoroughly satisfied by drinking freely of water. This is my idea with reference to baths. Professor Jäger, through the medium of his work, "Seuchenfestigkeit und Constitutionskraft" has served to point out the importance of striving to retain a certain specific weight and a normal cell-water content of the body. His work is based primarily on computation of the specific weight of German soldiers. He first determined the specific weight of the newly enrolled recruit, then traced his development during three years and thus demonstrated that, coincident with the development of powerful young men, there is observed an accompanying increase in their specific weight. The specific weight during the first year averaged 843.7 grams per liter, the second year's class had increased to 917.1 grams, and for the third year 939.6 grams per liter of the body. If we take for granted that 939.6 grams per liter represents the specific weight of a powerful physique, such as may be found among soldiers who have passed through the German army training, it may apply as a normal specific weight with a coincident normal content of tissue water. A specific weight which is in excess of this by 100 grams, for instance, may be considered as too high, and one that falls short by 100 grams, we should consider as being too low. Those whose specific weight is 939.6 or thereabout, may consider themselves as belonging to the oxygenoid class, those whose weight is more than 100 grams lower as hydrogenoids, and those whose weight is 100 grams higher as carbogenoids. And if the reader, after learning how Professor Jäger computed the specific weight, and in accordance with these rules would deter-

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mine his own, he can then ascertain to which of the three classes of people he belongs and can thereafter select the method of bathing which best suits his own case.

The following is an explanation of the manner of computing the specific weight of the human body. First, one is weighed. We will assume that the weight is 54.5 kilograms. Later the height is measured, which we will assume is 160 centimeters. Then the circumference of the head is measured, as well as that of the shoulders, chest, waist, hips, knees and calves. We will assume that the measurements are as follows in centimeters:

Head	54.8
Shoulders	106.8
Chest	85.6
Waist	83.4
Hips	83.4
Knees	57.2
Calves	58.2
Total	cm. 529.4

We now strike an average of the above seven measurements by dividing the sum total by 7; thus, 529.4÷7=75.6 cm., which will be considered as the mean circumference. This mean circumference is now divided by 2 pi; i. e., 2×3.14=6.28. Thus, 75.6÷6.28=12.04. This quotient is next squared; i. e., 12.04×12.04=144.96 sq. cm. This amount is multiplied by pi; thus, 3.14×144.96=455.17, which is the absolute area of a cross section expressed in cubic centimenters. The volume of the body in liters is next computed, and this is done by first dividing the absolute cross section area (here 455.17) by 1,000, which gives .455 as our quotient. Thereafter one multiplies the quotient by the body height; thus, .455×160=72.8 liters. Lastly, the weight of each liter in grams is determined by multiplying the absolute weight (here 54.5 kg.) by 1,000, which gives us 54,500 grams. This is then divided by the volume (72.8 liters); thus, 54,500÷72.8=748.6 grams per liter.

After one has in this manner computed one's specific weight and thereby ascertained to which class one belongs, and the method of bathing one should use, one then begins the bath regime. After a month or two the specific weight is again computed, and one may then see whether the bathing regime has benefited or not. By this method one has a system of checking as to progress or retrogression in the matter of health. To be

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sure, The Diagnosis from the Iris of the Eye is the most accurate method of determining progress. However, the one does not need to exclude the other.

In January 1905, I discovered the significance of the spleen. The spleen is the electric dynamo par excellence, the source of warmth and power. Then it became thoroughly clear to me why I was so sensitive to cold baths and plunges, and why I had little or no reaction against cold. My defective spleen, seriously injured through malaria, functioned very poorly. The only baths which I dare take are warm baths 95 to 98 F., with a very light cold douche. However, the best method for me is to bathe a portion of the body at a time with lukewarm water and soap, finishing by washing with cold water.

Without moral and spiritual culture, it is not possible to attain health. Hence, the saying: Mens sana in corpore sano,—a sound mind in a sound body.

Prostitution and dissolute living is a cancer among the people of the present day. With regard to prostitution, I have this to say: Prostitution has its foundation in the lack of chivalry of our day, and the assertion of the medical men that man cannot live a chaste life. A man of true chivalry can have nothing in common with a dissolute woman, but on the contrary he deplores the existence of such conditions. As homeopaths, we condemn such teaching by the allopaths. A genuine homeopath leads a virtuous life.

It is a common occurrence of the present day to hear marriage spoken of in a contemptuous manner; that it is nothing more than legalized licentiousness. If one fully realized the full significance of what is involved in bringing forth a child into this world, then it would be understood that by the act of birth, a human soul has been given opportunity for development on earth to higher degrees of unfoldment from its previous status as a human soul, "Lekamlighet är anden på Guds vägar,"—"Incarnation is the soul on the paths of God," then one would bend the knee for the woman who has been blessed in becoming a mother, bend the knee for the wife.

5. The Six Articles of Homeopathy

In my petition to the King, with regard to an eventual restriction of the practice of medicine directed against Homeopathy, I have, among other things, inserted the following six Articles as

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the Standard of Homeopathy in Sweden. It is appropriate that they appear here, as they are a summary of all the foregoing:

Article I.

We homeopaths teach that the human body is composed of the following substances: phosphorated, sulphated, carbonated and hydrochlorated sodium, calcium, potassium, magnesium, and manganese, together with ironsilicate, water and air, i. e., precisely the same substances as comprise a complete normal soil (Moleschott). "God created man of dust." "And God saw all that He had created and said that it was good." Any other substance taken into the body in weighable quantities is a poison and therefore harmful. For example, if there are administered the usual drug poisons such as:

Mercury	Resorbin	Boric Acid
Zinc	Formalin	Iodine
Arsenic	Forman	Salicylic Acid
Antifebrine	Nervin	Iron
Antipyrine	Antinervin	Bromide
Salipyrine	Migranin	Digitalis
Salol	Sulphonal	Creolin
Salophen	Somnal	Saccharine
Phenacetine	Veronal	Quinine
Resorcin	Etc.,	Etc.,

as well as the syphilis remedy Hata and Hektin ("606"), they are injurious. (Authority, excepting for Hata and Hektin: Professor Doctor Elie Metchnikoff, Nobel Prize Winner.)

At the present day, 70 per cent of our inhabitants die a premature death because of drug poisons. In persons who suffer from chronic arsenical and iodine poisoning, the presence of these drugs has been demonstrated. (Cf. "The Diagnosis from the Eye").

Article 2.

We homeopaths teach that, with the exception of accidents, surgical operations, heavy doses of poisons, sudden atmospheric changes, economic misery, drunkenness, and dissolute living, the most prominent causes of diseases are the following:

1. Vaccination.
2. Suppression of scabies, by physicians.

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3. Suppression of skin diseases, by physicians.
4. The medical treatment of acute diseases, by means of drugs, causing chronic diseases.
5. The drug treatment of chronic diseases.

There is no acute or chronic disease which cannot arise from these causes. Even the venereal diseases are a product of the ignorance of physicians of early times; and the fact that venereal diseases do not diminish, but on the contrary become more wide spread is due to the ignorance of the medical profession. (Authority: Dr. Med. Eberth, Cf. "The Diagnosis from the Eye.")

Article 3.

We homeopaths teach that vaccination is a violation of the Fifth Commandment: "Thou shalt not kill." It has been experimentally demonstrated that vaccination produces scrofula. (Authority: the celebrated Professor of Childrens' Diseases, Dr. Czerny, of Breslau). From scrofula, there arises an entire legion of diseases, and, among other things: spinal curvature (in the schools of Stockholm, 25 per cent of the pupils have curvature of the spine; Authority: Dr. Haglund, of Stockholm), and pulmonary tuberculosis (10,000 persons annually die a premature death from tuberculosis, in most cases the result of vaccination.) Besides this, it is an audacious falsehood to claim that vaccination is responsible for the cessation of smallpox.

Article 4.

We homeopaths condemn Vivisection (the dissection of living human beings and animals); 1. Because vivisection exerts a brutish influence on the operator. 2. Because the aim and purpose of vivisection, i. e., a means of learning to establish Diagnosis (the only scientific feature of medicine), on a more accurate basis, is fruitless, for physicians are deficient in diagnostic ability.

Article 5.

We homeopaths teach: "Natura Sanat, Medicus Curat;" i. e., Nature alone cures disease, the physician merely administers the "cura" or care, for the patient. No physician has ever healed a disease. If any patient has been healed, Nature, or God, was responsible therefor. The Creator, with an Infinite Prescience that the subjects of His handiwork would incur injuries and acquire organic defects, provided the blood with certain elements

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to be used as healing remedies by the body. So long as these materials are present in the organism, all diseased conditions that are curable, may be healed, provided the patient receives proper care, by being placed in a favorable environment, having wounds bandaged, broken bones placed in splints, etc., as may be necessary.

The substances which Nature uses for the cure of diseases are the gelatine and salts of the body. These substances are supplied by food alone, and are contained in a normal, or complete dietary. Therefore, we homeopaths teach: In food alone are to be found the true and essential healing elements, and consequently, we invariably prescribe a commonsense diet, for without this, a cure is impossible. (Cf. "The Diagnosis from the Eye," and the treatise on Vegetarianism).

Individuals who, through poisonous drugs, have had their digestion seriously injured, are unable to appropriate from the ordinary dietary the essential nutriment for the support of the body and for the healing of organic defects. In these cases it is necessary to administer food substances in the form of the quinta essentia of food. The Mattei remedies are preeminently examples of this class of substances. Schüssler's Biochemic remedies likewise contain nutrient salts in the quinta essentia form. The Hahnemannian remedies consist of the same drugs as are used by Allopathy, but in the high dilution or potency, and concerning which Professor Elie Metchnikoff has demonstrated not only that they are not injurious, as are allopathic drugs, but that they are actually beneficial, promoting phagocytosis—the body's power of reaction against disease conditions.

Article 6.

We homeopaths teach: the cure, and above all, the prevention of disease demands a hygienic method of living, common sense clothing, a well-built house, cleanliness, properly balanced work and rest, an upright and temperate conduct of life, and spiritual culture.[1]

[1] See work on Rational Therapeutics.—Tr.

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CHAPTER V.

The Practise of The Diagnosis from the Eye

Iridology is the science of diagnosing disease from the Iris of the Eye.

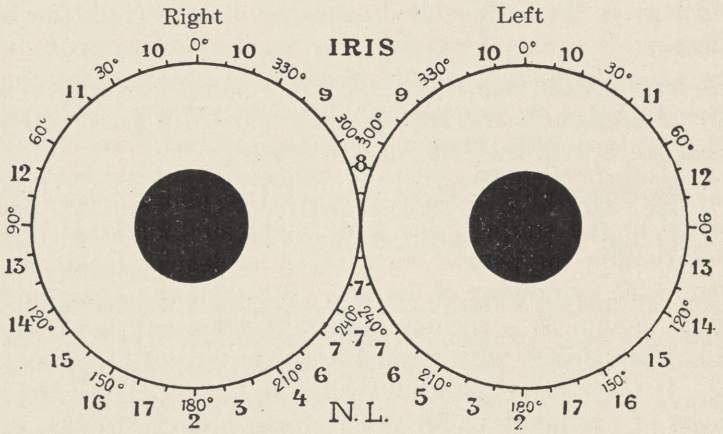
One who has the requisite intelligence and perseverance, and is vitally interested in the subject may learn the art of diagnosis in accordance with the following methods.

Having thoroughly studied this treatise and gained a "living interest" in the subject, one may begin an individual research by questioning the person whose eyes he desires to study, with regard to his symptoms of disease. If one of the symptoms, for example, points to a serious kidney trouble, one questions the patient more closely with regard to the nature of the kidney disorder. If the student is a physician, he may apply all the usual methods of examination for determining kidney trouble, including urinalysis for albumin, sugar, uric acid diathesis, tuberculosis of the kidney, and even make use of the X Rays. Having carefully made his examination in accordance with these methods, the student begins his study of the eye, carefully examining the corresponding area in the Iris where the signs of kidney disease are to be found, and makes a pencil drawing of his findings. This is transferred to a specially treated cardboard, and engraved with steel pointed gravers. This represents the simplest form of study of The Diagnosis from the Eye. A number of similar studies may be found in Volume II among the Plates under Special Studies. It is necessary to pursue one's studies month in and month out, in accordance with this method, accumulating material and comparing the diagrams. Little by little one's insight grows, and, eventually may come the day—a great day indeed—when the student can make a Diagnosis without questioning the patient respecting his symptoms, as heretofore. The method of procedure for such a Diagnosis is as follows:

The patient is placed in a good light, the time of day preferably between 10 A. M. and 2 P. M., when the pupil of the eye is smallest, and is quietly requested to be as calm as possible. The Iris is then very carefully examined by means of magnifying lenses. The Iris color is noted, together with the most prominent signs,

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and the patient is classified with respect to the condition of the blood and class of constitution. Next, the various markings, shadings and defects found in both Irides are noted on the accompanying diagram of the Iris.



After all the discoverable signs have been reproduced on the paper, the Iris is again carefully examined to determine the various discolorations which denote the drug poisons that the patient has taken. By carefully noting the lesions which are of the same color, and those connected with each other, the fundamental basis of the trouble is in this way defined: whether due to suppressed skin eruptions, venereal infection, accidents and injuries, etc. Without having said a word to the patient, the drawing of the Diagnosis is transferred to a stylographic copy-book. This Diagnosis resembles those illustrated in Volume II under the heading "My Simplest Form of Diagnosis."

The most complete and comprehensive Diagnosis is made by transferring this to a specially prepared cardboard,[1] and engraving the various signs and defects in detail. In this way the open and closed lesions will be brought out in bold relief. Furthermore, the engraving will serve as an exact and permanent record for future reference, enabling the Diagnostician to observe the progress of the patient.

After this objective Diagnosis is completed, and a complete description and synopsis has been typewritten, one is ready to

1 Cardboard, lenses and other tools and equipment may be purchased from The American School of Iridology.

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verbally explain to the patient the conditions as revealed by the Diagnosis. By means of the Plates in Volume II, the conditions may be elucidated and illustrated, by comparing the signs of the patient's Diagnosis with the Plates which are systematically arranged in said Volume.

The patient is merely required to answer in the affirmative or the negative in accordance with his recollection of, or ability to corroborate, the findings in the respective organs. Therefore, it is not a matter of surprise to find that the patient may occasionally state that he has never had such and such a disease, for, how few there are who have a distinct recollection of all the diseases they have passed through since birth. Only the eye "recalls" these; for all diseases that have been allopathically treated are indelibly engraved in the Iris, for the reason that they have never been thoroughly cured and eliminated, but have been suppressed by drug poisons. Hence, Iridology infinitely excels all other diagnostic methods, for, in examining the eyes of the patient, one may determine all that one needs to know in order to cure the case, and this, without questioning the patient regarding his condition.

A correct and complete Diagnosis requires from six to eight hours to make, and is very fatiguing even for a proficient Diagnostician. The most trying feature of a Diagnosis by Iridology lies in the necessity of detecting all signs, and not overlooking a single one. If one is tired, it is difficult to detect the signs in the Iris, and on that account one should never attempt to make more than one diagnosis a day.

It goes without saying that a physician who makes a Diagnosis in this manner needs to be well recompensed, not only for his work and time in making the Diagnosis, but also because of the long and taxing study he must give a work such as The Diagnosis from the Eye, which is based on scientific principles. To become proficient in the science, i. e., a "Master" of Iridology, personal instruction is absolutely essential.

Peczeley advises mothers to daily examine the eyes of their children and make a record of their observations, and I have found his advice worthy of consideration. With the aid of the instructions in this work, what an easy matter would it be for you mothers to "control" the health of your little ones. If the Iris becomes lighter in color, you may rest assured that your children are improving in health from day to day; if the eyes darken, then you know there is retrogression in the matter of health. Objection

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may be raised on the grounds that you have not the time to make such an examination. It would take hardly more than a minute's examination with a magnifying lens to ascertain the conditions, and there is nothing more delightful than to gaze into a child's beautiful eyes.

In this, as well as in other forms of diagnosis, it is highly important not to excite a patient during the procedure. For, should he be suffering from some serious ailment, and which might be mentioned at the outset, it would cause the patient to become very anxious and apprehensive, making it a very difficult matter to complete the Diagnosis. As soon as a person becomes excited because of a mental disturbance, this activity is transferred to the Iris, and, causing a contraction of the fibres of the Iris, certain signs will temporarily disappear because of this disturbance. This, however, does not refer to the contraction and dilatation of the pupil, but to an activity of the surface of the Iris due to the action of the Sympathetic Nervous System. When there is mental and physical rest and quiet, all signs in the Iris are well defined, but upon excitement, many of these signs suddenly disappear; where one previously noted distinct lesions, one may now find it difficult to distinguish anything, merely because the patient was disturbed.

Because of this phenomenon, Iridology condemns:

1. Vivisection. It is self-evident that when a dumb animal, whose lips are sewed together, or whose jaws are closed in a vise so its distressing cries cannot be expressed, is cut and slashed while it is still alive, it becomes so frightfully agonized that its nervous system cannot function in a normal manner. All the physiological results achieved by the vivisectors must eo ipso be false and unreliable, for the nervous system acts quite differently under normal conditions.

2. Hypnotism. Not alone does the timid and apprehensive expression of the eyes disclose the fact that an individual has been hypnotized, but the Iridologist discovers this fact primarily by the constant state of excitation which is shown in the Iris, and particularly by the Sympathetic Nervous System. Having been hypnotized, it is impossible for the nervous system to remain quiet and at rest, for the patient has lost his power of self-control. To permit one's self to be hypnotized is equivalent to sacrificing one's free and independent Will and rational volition. In the year 1893, I diagnosed two individuals who had been hypnotized and thus rendered unfit for any kind of work. The one maintained

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that even if it were necessary to blindfold him, he nevertheless felt impelled to go and drink a decoction of human flesh. The other stated that he had been given to drink coffee made from human bones, and now he hardly dared eat or drink anything for fear of being given a similar beverage. In Norrland, not only do physicians use hypnotism, but old women likewise practise the art—the two in the best of harmony with each other.

Apropos of hypnotism, certain individuals in the beginning tried to explain The Diagnosis from the Eye by contending that I hypnotized people and then caused them to tell their troubles. After this hypothesis had been found untenable, because of the fact that I was the one who told the patients their troubles, and could even bring to light diseases which had been "cured" several years previously, the assertion was made that I had certain persons in my employ who in some way wheedled the necessary information from the prospective patients. But in view of my ability to inform the patients with regard to diseases which they had entirely forgotten and only recalled when I mentioned them, what could then be thought of the matter? Superstition! Humbug! Fraud! But to give the Creator credit for having fashioned the human eye in so wonderful a manner that it mirrors the body in its entirety, ah, that was impossible!

An allopathic contributor to a Swedish newspaper, who would not deny the correctness of my diagnoses, tried to explain my diagnostic ability as being a "natural gift," and he said that there are certain sharp observers who see things which escape the notice of others. Such an individual would perceive that a patient walks a trifle lamely with one leg, and draws the conclusion that the limb has been injured. He will observe the complexion, and, if it be of a straw color, he diagnoses cancer. An experienced physician is able to determine by the peculiar sound of a cough, whether the patient has consumption or not. My diagnostic ability, therefore, must be based on my observation of all these symptoms, and could not be obtained from examination of the eyes!

As a matter of fact, I frankly admit that I possess the above mentioned powers of observation; that I take note of the complexion, the cough, the walk, the hands, and even the fingernails. It frequently occurs that a patient, having forgotten that he has injured a limb, for example, denies having had trouble in that connection. Requesting him to pace back and forth before me, I can thus show that he limps somewhat. Furthermore, I can judge

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from the complexion whether a cancer or tubercular patient has many days left to live. All these things I can do, but this proficiency has been acquired only through The Diagnosis from the Eye; for, long before the straw-colored complexion proclaims the last stages of cancer, and while the cancer patient has still a rosy complexion, the eye discloses that cancer is imminent. Here is confirmed the Scriptural passage: "If thine eye be single (light), thy whole body shall be full of light." (Mathew 6:22).

As the Roentgen Rays may be justifiably used in those cases where the Iris has been so injured that it was rendered unfit for Diagnosis from the Eye, as will be further elucidated in the Special Section, I would here treat this subject somewhat in detail.

The art of penetrating the human body by means of the Roentgen Rays has been mentioned as one of the most amazing discoveries of recent years. When the first information of this was noised abroad, it did not come as a surprise to us homeopaths, but we rather rejoiced over the fact, for we realized that the time had at last come when the scholastic authorities were compelled to acknowledge what we had known for a long time; namely, that there are certain rays of light which possess the faculty of being able to penetrate objects which are impermeable to ordinary rays of light.

To give the reader an understanding of the significance of the subject, I would first briefly describe how Roentgen made his discovery. One day, as Roentgen, in a dark room, was experimenting with a Crookes' tube, the rays of which are produced by passing the negative current of a galvanic battery into a vacuum, he let the rays fall on a plate covered with a fluorescent substance, and having accidentally put his hand between the rays and the plate he perceived that a silhouette was formed, not of the entire hand, but of the bones alone. It was thus demonstrated that certain magnetic rays possess the faculty of penetrating substances (in this instance, muscles) which ordinarily are opaque. It was later demonstrated that these rays penetrated paper, cardboard, wood and thin sheet-iron as easily as ordinary light rays passed through glass. Immediately it was pointed out that here was a discovery which would be of most unprecedented importance in the realm of diagnosis of disease, and that the Cathode Rays might be used for determining fractures, to show where a bullet might be located in the body, or where a needle, which, having accidentally entered the body, may have worked its way. So the allopathic profession

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made haste to adopt this discovery made by a non-medical man.

Fifty years previous to this discovery, a German, Dr. Phil. Baron Karl von Reichenbach had demonstrated the existence of these wonderful rays which he called Odic-Rays, after the All-Father Odin. Reichenbach had come in contact with several persons, who, with their eyes alone, could perceive these rays, when placed in a dark room. He has recorded in several massive volumes the accounts of the various things which these individuals, whom he calls "sensitives," were able to see. We may read of a person who was placed in a dark room, the glass windows of which were removed and replaced with sheet iron, and who was able to see not only the moon, but also the mountains and trees, and the blue Danube. This presupposses that the moon, mountains, trees, etc., must give forth odic rays, quite like the conductor of an electrical machine. Further we read "Madame K— took a special delight in placing the ends of her fingers so close to the conductor of an electrical machine that they attracted the electricity. Her fingers thereby became transparent because of the Od-light, so she could clearly see the veins, arteries, nerves, muscles and ligaments. This should be of inestimable value in the diagnosis of disease. It will doubtless be possible to make the body of a sick person perfectly transparent to individuals who are very sensitive, and then one will be in position to see not only which organs are involved, but the progress of the disease may be traced with regard to its improvement or retrogression." (From Homeopatische Monatsblätter, 1896).

But the "learned" who could not explain the phenomenon maintained that all of this was a humbug, and the Baron, a fool, who had allowed himself to be imposed upon by these "sensitive" persons. In 1876, Dr. G. F. Fechner, Professor of Physics at the University of Leipzig, wrote the funeral sermon of Reichenbach's Odic Rays, under the title, "Reminiscences of the Last Days of the Odic Teaching and Its Originator." Nevertheless, it redounds to the credit of our own great Berzelius, that he had faith in Reichenbach's discovery.

Reichenbach deplored the fact that he had no instrument by means of which he could demonstrate to the unbelievers what the "sensitives" had seen.

The French physicians, Doctor Dècle and Chazerain followed in the footsteps of Baron Reichenbach, but as the number of naturally sensitive persons is limited, in their experiments they

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made use of persons who had been "artificially made sensitive," i. e., by hypnotism. In the year 1910 there was discovered in Japan, one such "sensitive" woman, and who was not ridiculed as was Reichenbach in proud and haughty Germany. To Doctors Dècle and Chazerain is due the honor of having discovered the polarity of the human body, also, to have demonstrated, as did Reichenbach, that healthy persons are surrounded by a faintly glowing cloud or aura, which is of a bluish color on the right side, and reddish-yellow on the left side; that if an organ is diseased, it gives forth an abnormal aura, and if irretrievably injured, it manifests no aura at all. On the basis of this discovery Dècle and Chazerain proposed that hypnotized persons should be made use of in diagnosing patients, to determine the nature of their aura. This latter was one of the diagnostic methods which I referred to in the beginning of this work, but vigorously condemned.

In general, we homeopaths value the work of Dècle and Chazerain very highly; in accordance with their teachings respecting the polarity of the body, we apply Red and Yellow Electricity externally. However, these investigators have not been able to perfect an Odoscope to demonstrate their theories. That their claims were given consideration is because the statements of their hypnotized subjects were not doubted, as was the case with Reichenbach's "sensitives."

The Odoscope problem remained unsolved for a long time. Ziegler, in Genf, eventually discovered a method, a glass lens, by which he was able to attract and demonstrate odic rays, especially the odic rays of the heavenly bodies. (In nearly every number of the "Homeopatische Monatsblätter" for the 1880 decennium may be found an article concerning Ziegler's odic-magnetic researches.) On two occasions Ziegler submitted an account of his investigations to the French Academy of Science, and it may well be understood that this body, which at one time rejected Fulton's idea of propelling ships by steam, and which had declared the possibility of meteorites falling from other planets as absolutely untenable, that every claim in that direction was the most absurd superstition,—it may be well understood, I say, that the French Academy of Science, the "authoritative center within scientific circles," consigned Ziegler's communications to the waste basket, or laid them ad acta. Ziegler was laid in his grave without having gained an atom of recognition.

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In his work entitled "Magic Rays. The Production of Photographic Pictures by Means of the Odic-Magnetic Aura of the Human Body," Dusseldorf, 1896, Ludwig Tormin writes: "Prompted thereto by a study of Reichenbach's writings concerning the Od-fluid discovered by him, as well as by a conversation on the subject with Professor Kapp, since deceased, well known by his "Philosophie der Technik," with the collaboration and supervision of Professor Crola of the local Academy of Arts, in the dark room of the latter, more than five years ago we made an attempt to produce a picture on a photographic plate placed in a camera covered with sheet iron, on the shutter of which was cut a hole in the shape of a cross, and before which a long exposure of the ends of the fingers was made. The experiment was successful; on the plate was developed a cross with a dark outline. In a similar experiment made under exactly the same circumstances with the exception that the fingers were not held at the cross-shaped opening, the control-plate showed not the slightest impression of light."[1]

Here, at last, was found an actual demonstrable Odoscope,—photography. From the ends of the author's fingers there emanated the same rays as are present in the Roentgen Rays. It was, therefore, unfortunate that the experiments were discontinued. The author probably thought that the "scholastic authorities" would either shrug their shoulders in contempt at his efforts, or accuse him of "spiritualistic performances."

The following are three cases diagnosed by the Roentgen Rays:

1.

(From the Swedish Newspaper "Nya Dagliga Allehanda.")

"A Transparent Journalist. Miss Elizabeth Banks, a co-worker on "The Daily Courier," recently accomplished a reporter's achievement for this newspaper, which is worthy of record. In order that she might clearly explain to her readers the use of Roentgen's discovery, Miss Banks has had photographed nearly her entire skeleton, or as much thereof as a well-bred young

[1] Herr P. Rohm, Magnetopath, (Magnetic Healer) of Wiesbaden, has published a brochure entitled, "Magnetism as a Healing Agent," which, so far as the text is concerned, contains very little new information with regard to the healing effects of magnetism, but, nevertheless embodies a much more valuable supplement consisting of photographs made solely from the magnetic emanations of the hands of seven different magnetic healers. As the representatives of this extraordinary phenomenon are not university professors, their achievements will doubtless be permitted by the press to die in silence. (Homeopatische Monatsblätter, November, 1896).

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woman may expose for such a proceeding without overstepping the bounds of modesty, and she is soon to publish a reproduction in engravings, of her spinal column, her clavicles, her feet, hands, and arms, all of which are to be accompanied by interesting commentaries. At one time she had seriously considered the plan of photographing her brain, but the Roentgenologist discouraged her therefrom by explaining that in such an event it would be necessary for her to cut off all her hair—a sacrifice which the daring young woman deemed altogether too great. Miss Banks has already made herself well known as an enterprising and enthusiastic exponent of her profession. To study the work of the Associated Charities, and the conditions prevailing among the working classes, she has at times allowed herself to be arrested for vagrancy, and carried by the police to the workhouse; and for a time she had entered service as a housemaid. All these, however, her American sisters of the profession have done before her, but with regard to her latest effort, she is doubtless without a precedent. To convince herself of the value of the X Rays, she first made an experiment with her pocketbook, and the negative disclosed the contents so clearly that it was possible to count the sum of money which at the time was in the purse. Aside from this there was perceived a little black spot, which closer examination revealed to come from a ruby which had become lodged between the leather and the lining in the pocketbook, and which Miss Banks thought that she had lost several months previously. Thereupon the experiments with herself began. For the period of a half hour it was necessary that she stand absolutely motionless while her spinal column, ribs and clavicles were being photographed. Concerning her sensations during this time, she writes: "Even from the first minute it became clear to me what a terrible punishment I had of my own free will and accord invited. The electrical rays directed against my chest, were so intense that they nearly blinded me, although my eyelids were closed. Within the first five minutes, I believe that a nervous crisis, with trembling and dizziness, had seized my entire body. It seemed that my entire chest was full of fire. The pulse and heartbeat increased to feverish rapidity; there was a roaring in the ears which made me deaf; the plate glass against which my neck rested seemed to burn the flesh. At last I sank into an indescribable numbness, and I thought my last minute had come. I solemnly resolved to abandon my tactics, if God did not cause me to perish on the spot

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as a punishment for my curiosity in wishing to look into my physical organism."

2.

(From the "Fundgrube"—Homeopatische Monatsblätter, Nov. 1896.).

"By means of the Roentgen Rays it is possible to discover bullets which may have lodged in the brain, as has recently been stated by Professor Eulenberg in the 'Mediz. Wochenschr.' According to his statements the Professor, with the aid of the Roentgen Rays, has succeeded in discovering where the bullets were located in the skull, in two cases of bullet wounds. One of the cases is of especial interest, in that it has to do with the thirty-three-year-old confectioner N—, who, for the past four and one-half years has been confined in an insane asylum because of a fixed idea, by which he claimed that his continuous headache was due to a revolver bullet in the head. Only after he had subscribed to a document to the effect that he was convinced that there was no bullet in the head, was he released from the institution. The bullet has now been found by Professor Bucka. From the patient's statements, it was surmised that the bullet might be found in the right side of the head, if it existed at all, and therefore the photographic plate was laid under that side; the X Ray tube was fixed about 24 centimeters above the head. During the photographic process the X Rays thus penetrated the entire head from the left side and projected themselves upon the plate. The picture obtained clearly revealed the contours of the skull, the bones surrounding the orbit, the nasal bone, the upper jaw, with the teeth, etc. In the suture extending from the outer edge of the orbit the revolver bullet was clearly seen. Professor Bucka concluded from this picture that the projectile was located nearer the face than the neck, wherefor he took another photograph, this time, of the face. This picture likewise succeeded splendidly. The bullet, in the picture, was clearly seen, situated diagonally from the lower edge of the orbit. It was determined from these two photographs that the bullet lay in the middle portion of the cavity of the skull, immediately behind the foramen where the optic nerve passes through the skull."

3.

(From "Nya Dagligt Allehanda," 8-1-1896).

"A Sacrifice to the Roentgen Rays. An interesting contribution to the data of the characteristic action of the Roentgen Rays upon

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the human body, recently observed, is that of a case in Berlin. On the first of July, a local physician had a seventeen-year-old boy to treat, and who was used in an experiment with the Roentgen Rays nearly every day, and for a while, twice daily, for a period of four weeks. Ordinarily, each sitting lasted from five to ten minutes. Examination of the chest required a longer period than usual, for the reason that the physician was especially interested in observing the heart beat, and the motion of the diaphragm. It must be added that the X Ray tube had been placed always very close to the body, and, very frequently had come in contact with the flesh. However, the heat emanating from the tube was comparatively insignificant, and the youth was always fully clothed during the experiments. The after-effects of these experiments were as follows: The skin on the side of the face that had been turned toward the tube had an intense redness, with a brown tinge. On isolated portions of the body, the skin scaled off. Bathing the parts with vinegar merely resulted, as the young man expressed himself, that "the skin came off in rags." The redness, however, remained, although gradually a lighter color appeared. On that part of the head covered with hair, the effects of the X Rays was manifested in a most unpleasant way. Near the temple appeared a bald spot as large as a 25-cent piece. Here the skin was surprisingly white. The hair which still remained, was short, thin, and easily pulled out. Even on the chest, there were conspicuous traces of the experiment. On the back was a piece as large as a dinner-plate where the skin had completely loosened, showing many small bleeding areas. A generous portion of the surrounding skin was colored a reddish-brown. The extraordinary part of the proceedings is, that neither the young man, nor the physicians taking part in the experiment had observed any sign of a diseased condition; otherwise the experiment would naturally have been discontinued earlier."

Thus, the repeated use of the X Rays causes a decomposition of the blood; but The Diagnosis from the Eye is able to determine this blood decomposition; consequently, Iridology will serve to determine the injurious effects of diagnoses made by the Roentgen Rays. But for that matter, The Diagnosis from the Eye is eminently superior to all diagnostic methods, and only in those cases where the Iris is so injured that it is unsuitable for examination is the Roentgen method justified.

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Special Section

The Key, or Topography of The Diagnosis from the Eye

The Key or Topography of the Iris, shown by the four plates in Volume II, indicates the various areas in the Iris, corresponding to the organs of the body. The left Iris represents the left half of the body, and the right Iris shows the right half of the body. The respective organ areas are defined by the "organ bows" radiating from the center of the Iris.

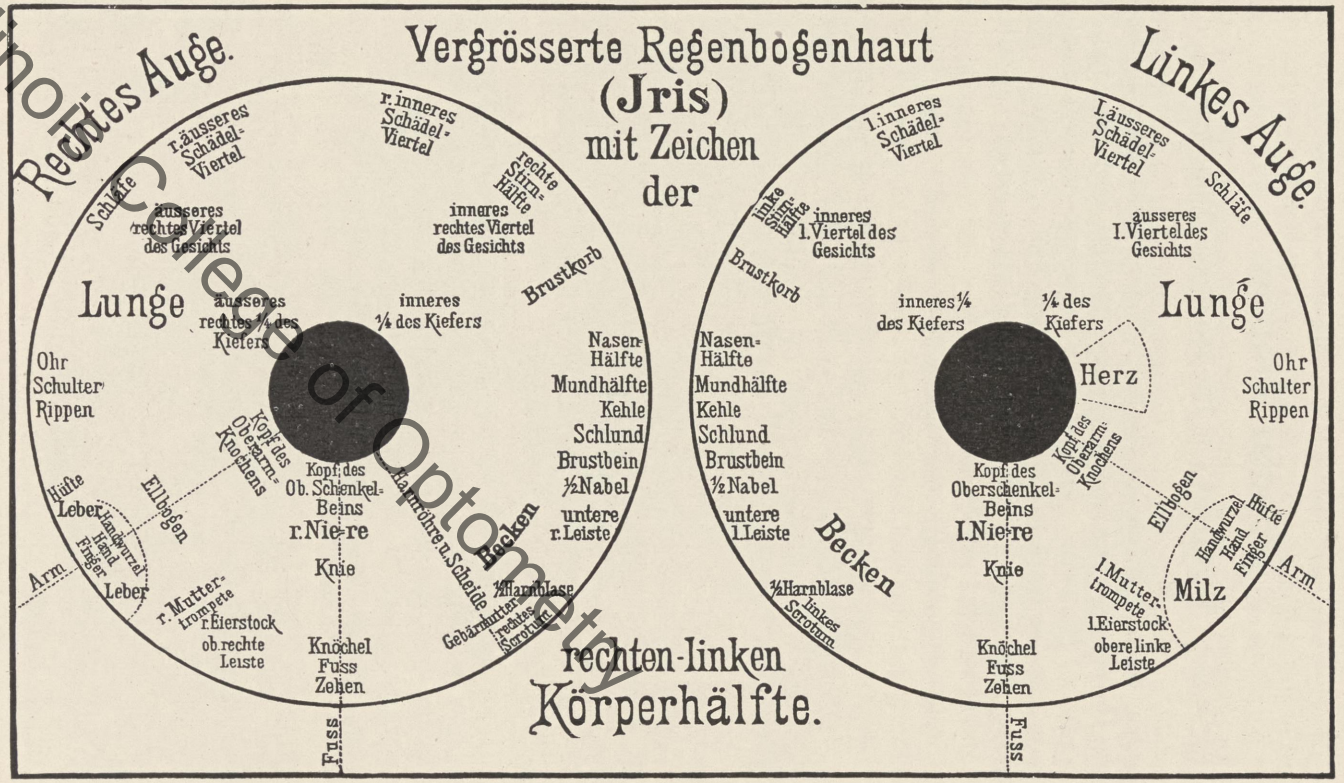
The following remarks are especially pertinent to the "organ bows."

1. The "organ bows," which are to be found in the eyes of adults, as well as in children who have not been "blessed" with drug poisons, or industrial poisons, or injured by accidents, are situated level with the surface of the Iris and are discernible only with strong magnification. As soon as poisons gain admittance to the body, either in the form of drugs, or industrial poisons, all the organ bows become raised above the surface of the Iris and become distinctly visible, a sign indicating the injurious effects of poisons. If an organ is injured as the result of an accident, the organ bow of that particular organ shows forth prominently, and, frequently, that of the adjacent organ.

2. If an organ becomes injured from one cause or another, the organ bow defining that area in the Iris widens more or less and encroaches upon the area of the neighboring organ bow. Hence, it is always important, during diagnosis, to observe the point of the organ bow at the Sympathetic Wreath, taking this as a land mark. Now and then one may, for example, meet with a case of an arm or leg which has been dislocated as a result of an accident. In these instances, the point of the organ bow defining the corresponding area in the Iris is displaced. Here it demands that the Diagnostician locate the organ bow of the adjacent organ, and, with this as a starting point, make his records accordingly. It is likewise necessary to count the various organ bows to the right and left of the doubtful area, properly locating each respective organ, and by this method ascertaining where the displaced organ bow rightly belongs.

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The Key or Topography of The Diagnosis from the Eye. From the Homeopatische Monatsblätter, 1886.

The accompanying Plate illustrates the Topography of The Diagnosis from the Eye presented by the Homeopatische Monatsblätter in 1886.

As the reader may plainly note, there is a very great disparity between this Key which the beforementioned magazine credits to Peczeley, and my own Key. The reader may perhaps appreciate what a shock this Key gave me when I first observed it in 1886, after having devoted twenty-five years to Iridology research. I began to doubt the truth of the entire Eye Diagnosis, inasmuch as two investigators, such as Peczeley and myself, had arrived at results so greatly at variance. I then began to correct my own findings, assuming that Peczeley's Key was correct, and my own Topography wrong, but it was not long before I verified that my own Key was correct and discovered that Peczeley's was erroneous. I was later fortunate enough to obtain a copy of Peczeley's original work, and which solved the riddle, as follows: Of the 55 areas established by Peczeley, he had designated 35 by a star or asterisk with the accompanying notation: "The areas signified with an asterisk still require to be verified." Furthermore, not one of the 20 areas purported to be established, were entirely correct. For example, in establishing the area for the urethra, Peczeley had erred 2 degrees, and 5 degrees in locating the area of the arm. This, however, is not intended as a disparagement of Peczeley. Not being possible to use precision instruments in connection with The Diagnosis from the Eye, an Iridologist must be born with an eye to proportion, wherefor not everyone can become a Master of Diagnosis.

Types of Constitution
See Plate in Volume II.

We have already studied this Plate, with reference to the various densities of the Iris, in Chapter Four of the General Section. We would now explain in detail the remainder of the signs on this Plate.

1. P. B. Mattarbodom, Björna. Sustained an injury to the right testicle.

2. Madam Sigfried Hedberg. Långvattnet, Åsele, twenty-three years of age; examined 9-7-1898. Tumor in the right side near the back, of the same nature as that represented on Plate 253, No. 1. In the beginning the patient had felt a tumor on the upper part of the right hip, which was accompanied by moderate pains,

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continuing for a week; later, the tumor had its seat in the side, as above stated. The woman died in 1900, presumably while under surgical treatment, as I heard nothing further from her. See also Plate 61 at 15-¾, right.

3, 4, 5. A. A. Ånäset, Norra Degerfors, twenty-eight years of age. Injured in the groin and in the right side above the left hip, by a wooden bar, rendered helpless. The groin was so painful that he dared not lift anything.

6, 7, 8. Alfred S—, Trehörningsjö. 6, open defects in the kidney (albumin in the urine). 7, rectum, has had an enormous number of intestinal worms, continuing for 15 years. 8, inflammation of bladder, left.

9, 10, 11. Miss Tecla E—, Åbo, Finland. 9, (in right Iris, near 300°), trachea; right Iris at 10, right lung; 11, left lung, catarrh of lower lobe, while tuberculosis is present in upper lobe. Has been faithful to Homeopathy since 1897.

12, (in the left Iris between 240° and 270°) acute pleurisy, associated with effusion of fluid, in my own case, April, 1900.

12, (in the right Iris) enlargement of the blood vessels of the neck. When the patient bends forward, the vessels of the neck swell until they become as large as one's finger.

13, disease of the liver; 14, disease of the right kidney. When both these signs exist simultaneously, it denotes diabetes.

15, (in the left Iris) left knee injured.

15, (in the right Iris). Carl S—, of Upsala, affected with abulia, or loss of Will Power. Given a glass of water, he would merely hold it in his hand. In order to have him drink it, it was necessary to have another person raise the glass to his mouth, and hold it there until the patient was through drinking. To have him walk, it was necessary to start him on his way, and he continued walking until some obstacle, such as a wall, for instance, stopped him.

16, (in the left Iris) left arm broken at the elbow.

16, (in the right Iris) O. M—, Kubbe, Bredbyn. Cut with an axe in the right knee.

20, (in the right Iris near 240°) right side of the back, including the vertebrae. The patient, who had very seriously strained his back by overlifting, died shortly after the Diagnosis; not from the effects of the injuries in the back, but as a result of a lung disorder.

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TYPES OF ORGANIC DEFECTS

See Plate in Volume II.

We would remark, before passing on to a consideration of the engraved Plates, that all white spots and lines are elevated over the surface of the Iris; the whiter the sign, the higher is it raised. The white nerve rings, which are the signs of "broken nerves," are, for the most part, sunken below the surface, and many of these are not a pronounced white, being even a dark color (sign of loss of substance). The dark signs are all sunken below the surface of the Iris, and, moreover, the darker the sign, the deeper it is. The signs of suppressed scabies shown on the engraved Plates, are black, without white lines at the edge, and are elevated over the surface of the Iris. On the colored Plates, all the white, red, yellow and brown lines and signs are represented as being elevated over the surface of the Iris, with the exception of the nerve rings. I had at one time contemplated having Plates made in bas relief, with the white signs elevated, and the dark signs sunken. Two things prevented me from carrying out this idea: 1, The enormous expense. 2, The impossibility of binding them in the same book with ordinary Plates. Furthermore, one cannot learn The Diagnosis from the Eye from a book, but only by studying the living eye.

1. Defective Skin Action

See General Section, Pages 33 to 40

1. Dark Scurf Rim—Defective Skin Activity. The condition in this case was caused by arsenical-poisoning. Arsenic is deposited in the region of the skin, and exerts a paralyzing effect on the nerves controlling circulation, and thus, the skin has become catarrhal. The internal organs, such as the stomach, kidneys, lungs, etc., must do vicarious work for the skin, and they thus become overworked. In this way the entire body is made to suffer. Heat and cold alternate in the skin, and there is restlessness and discomfort in the entire body. The gentleman here concerned originally had such striking blue eyes that in his youth a German maiden said to him: "I love you because you have such beautiful honest blue eyes." Now the "beautiful blue" color has disappeared. Note the connection between urethra (gonorrhea) and kidney (4—3). Has injured the right arm and thumb. Complains at the present time of a general lassitude, pains in limbs, dizziness and

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bodily fatigue. Has had pneumonia in the left lung, which is now catarrhal; pains between the ribs of the left side (intercostal catarrh).

2. Dark Scurf Rim and Arsenical Poisoning. Kidney disease (uric acid diathesis); has crushed the right leg; ringing in the ears, slight dizziness; lassitude; liver and rectum (liver trouble produces a congestion of blood in the pelvic region, causing hemorrhoids and varicose veins).

3. Dark Scurf Rim—Arsenical Poisoning. Stomach (see open lesion at "o" indicated on pupil); right thigh severely injured; red brick dust deposit in urine (uric acid diathesis); liver; occasional bleeding from hemorrhoids.

4. Dark Scurf Rim—Arsenic, Uric Acid Diathesis. Pains in right leg—recently under drug treatment for this; lower abdomen; nose; in falling had injured the occiput so severely as to produce unconsciousness.

5. Color: Grayish-blue, with some yellow in center; very broad scurf rim (due to vaccination).

Very fine Iris, belonging to the first class.

Originally the patient had a first-class constitution and most excellent quality of blood. By impairing the skin activity, the usual after-effects occurred, as follows: 1. Defective oxydation of the blood; 2. High blood pressure, and nervousness; 3. Inflammations (pains) and catarrh (weakness) of the internal organs, such as the stomach and kidneys. Weakness of the kidneys is accompanied by gouty (uric acid deposits) conditions, which are observed in the region of the brain and elsewhere (see the sharp white lines).

The patient complains of pains, very severe headaches, appearing periodically (uric acid); the entire side from top of shoulder to groin is involved. The heart beats with difficulty. Because of the uric acid diathesis the blood is heavy and of a colloid (glue-like) consistency, causing labored heart action. When the heart thus becomes prematurely weakened, uric acid is deposited in nearly every part of the body. Dr. Haig of London, who is doubtless the greatest authority among the allopaths, on uric acid, maintains that uric acid in the blood is the cause of kidney disease. By reason of my many years of painstaking investigation of this matter, and because of the great aid in The Diagnosis from the Eye, I have determined with absolute certainty, that kidney ailments, consisting in part of atrophy, with certain "dead" areas

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in the kidneys, is the true cause of excess of uric acid being retained in the blood. Through the abuse of tea, coffee, alcoholic drinks, and drugs, but more especially through drug poisons, the kidneys become seriously injured, and hence are unable to eliminate uric acid in a normal manner.

6. Defective Skin Action with Arsenical Poisoning. The dark scurf rim shows impaired activity of the skin. By chronic arsenical-poisoning the condition of the skin progressively deteriorated, and, as the skin failed to function properly, the internal organs, such as the stomach, intestines, kidneys, etc., were compelled to perform the work of the skin; by this process chronic disease developed; one organ after another became catarrhal, and began to disintegrate; a general weakness of the entire organism set in; uric acid diathesis began, and during this process, the prominence of the scurf rim increased; it is now impossible for the blood to penetrate the fine capillaries of the skin; high blood pressure, with alternating fever and chills manifest themselves, together with rush of blood to the head and congestions in the pelvis, which latter cause painful menstruation. It is useless to prescribe cold water treatment for a patient in such a condition, just as it would be futile to prescribe vegetarianism for a person suffering with serious catarrh of the intestines. I am not antagonistic to vegetarianism, or to the cold water treatment, but these methods should be judiciously prescribed, and are not suitable for all patients. It is to be deplored that the so-called Nature Cure physicians, all of whom stand "high as the heavens" above the allopaths, in point of treatment, should be so one-sided. One should not forget the axiom: "What is one man's meat, is another man's poison."

7. Impaired Skin Action. Kidneys; liver defect (causing congestion in lower abdomen and extremities; hemorrhoids and varicose veins), disintegration of various organs.

8. Scurf Rim—Arsenic. Patient relates: As a child, strong and healthy. Married in 1891, at nineteen years of age; revaccinated at the age of twenty in 1892; in 1897 pains began in the left arm; her physician declared it to be rheumatism, and prescribed massage and warm baths. In 1902 an abscess appeared on the arm, and was operatively removed in November of the same year. In August, 1903, another operation was performed; it was then determined that the arm was tubercular, and in the latter part of 1903 a third operation was performed. Complains of kidney

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colic, weight and heaviness in the lower abdomen; has injured the left side of the back.

9. Impaired Skin Action. At twenty-five years of age, her physicians had condemned her to die of a serious heart ailment; she is now fifty-eight years of age, very active, and able to supervise a large household. She suffered with a severe pain which began in the left side (17), in the peritoneum, and passed upward to the spleen, causing a disturbance of the heart. Because of this heart symptom, the physicians drew the conclusion that the heart was seriously involved. Quite on the contrary, the heart was affected reflexly by the peritoneum, the spleen and the diaphragm, as all these organs were inflamed and congested. Mercurial pains. Some dizziness.

10. Color: Broad, dark, scurf rim, entirely surrounding the Iris (very defective skin action), the inner half of the Iris has a great number of yellowish-white spots (arsenic, covered with yellow); light-grayish color in the area of the stomach. The Iris on the whole has a yellowish-gray color, instead of light sky-blue as it should have been.

Originally the Iris was of very fine density (second class).

The blood is fearfully encumbered; catarrh of the stomach and intestines; epilepsy (10½); according to the statement of her brother, the patient had sustained a fall as a child, and struck the back of the head and neck, but the epileptic attacks did not manifest themselves until at the age of twelve; the seizures for a time were suppressed by bromides, but reappeared in a more severe form than ever; they still continued at the age of thirty-one. The digestion is seriously impaired.

11. Arsenic Neurasthenia; Impaired Skin Action: The coal-black spots are in reality reddish-brown, and are the signs of suppressed scabies. The patient complains chiefly of nervousness, of the stomach, and intestines.

12. Color: A deep, dark scurf rim, completely surrounding the Iris (catarrh of the skin, i. e., greatly impaired skin activity), light-gray with a pale greenish color on the inner half of the Iris, with here and there traces of the original blue color (yellow and blue make green); a great deal of yellow in the center of the Iris.

Density very fine (second class).

Originally a good constitution. The dark scurf rim has brought its attendant ills. While no very large organic defects are to be seen, there are some that are notable. Observe the heavy con-

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nection between the lung, the chest and the spleen; furthermore, there is a connection between the back and the bladder, right side; catarrh, in the brain at 10-¾ (hysteria, softening of the tissues); at 330°, left Iris 10-¼, in the region of Intellect; at 10-½, left, occiput (dizziness and deafness).

The patient complains of the left chest, shortness of breath, anxiety (the latter due to the spleen), of dizziness and deafness (10-½), weeping and despondency (10-¾); has a fear of falling, dares not leave the house (10-¼). On Plate 225 we may note similar defects in the same area, and that patient, a merchant in the prime of life, does not dare to enter a restaurant while other guests are present; he would rather go hungry; he is unable to correctly judge a situation, hence, no decisive activity emanates from the Organ of Intellect to the Organ of Will. The same conditions obtain with regard to the above mentioned lady. I knew her as a young girl, five years before she was married, and she was at that time of a happy and cheerful disposition. Within four years after marriage, she became the mother of four children. For her various ailments, her physician had prescribed cold water treatments,—the most injurious method of treatment that could be prescribed for those who have defective skin action. When she came to me for Diagnosis, I scarcely recognized her; she was so emaciated, wasted, nervous and restless.

13. Arsenic Neurasthenia. Softening of tissues of various organs.

14. Arsenic Neurasthenia. The arsenic, being deposited in the skin, exerts a paralyzing effect on the skin so that the latter becomes catarrhal, lacking power to eliminate toxic substances, such as carbondioxide, uric acid and other autotoxins. The skin being unable to perform its work, the internal organs must take over that function. These organs, such as the stomach, intestines, kidneys, bladder, etc., are soon overworked, inflamed, and gradually become debilitated. (On this Plate may be seen pronounced evidences of inflammation, and a great deal of catarrh, due to defective skin action.) Nature gives us a hint as to the manner in which such a case should be treated, i. e., from within outward. We should strengthen the internal organs by every possible means, for they have not only their own work to perform, but also that of the skin. To begin with, they must be protected in every way and prevented from becoming chilled. After the internal organs will have become strengthened, the blood will be improved,

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and the nervous system toned up. The electrical tension of the body will be increased, and as a result of this the skin will sooner or later resume its proper function. This is rational treatment of disease. The Kuhne and Kneipp methods, in many instances are not rational, especially in those cases where the patient has a heavy scurf rim, or the mercury ring or crescent (mercury deposited in the skin is more serious than the ordinary scurf rim). These patients are restless and nervous, and the cold water aggravates their condition. This nervousness, which is characteristic of all persons who have the scurf rim (or who have the mercury ring) is due to the fact that the blood cannot penetrate the capillaries and blood-vessels of the skin, hence, a congestion of blood in the internal organs obtains, which is the source of this restlessness and nervousness.

Those with catarrhal encumbrances in the impressionable area of the brain near 330° (the area of the Organ of Will and Intellect) will not make a success of using the Mattei remedies, on their own responsibility. To help such cases it would be necessary that the patient be under daily supervision of an attendant.

15. Color: Grayish-blue, with a very slight tinge of green, some yellow color, a small red spot, scurf rim.

Density is fine (second class).

Synopsis: Originally a good constitution, belonging to the second class, with a theoretical possibility at birth of attaining the age of eighty years; a good quality of blood and good Iris color. Because of vaccination, defective skin action resulted. The consequences thereof: 1) Defective oxydation of the blood; 2) High blood pressure, associated with restlessness, nervousness; 3) Inflammation (symptoms of this: pain) and catarrh, disintegration and softening of tissues (symptoms: weakness and lassitude) in the internal organs, such as the stomach, intestines, kidneys, bladder and brain.

Note the weakness in the area of the sexual center in the brain at 10-¾, (Hysterical Organ); at 10-½ left, is a sign of an injury; at 10-¼ inflammation in the Organ of Will (symptom: sluggish mental processes).

We further note the "bow" connecting the areas of the Hysterical Organ in the brain, 10-¾, the neck, and the right ear, with accompanying symptoms of pain in the entire area; catarrh in the kidneys (3); the sign in the abdomen has been caused by overlifting (17); inflammation of the eyes.

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The patient, who is only twenty-one years of age, of a sympathetic disposition, the son of a farmer, had been compelled to do very hard manual labor during childhood. This only intensified the after-effects of vaccination and the consequent defective skin action. He is a man broken in health at altogether too early an age. Complains of general bodily fatigue, nervousness, restlessness, together with ailments of the eyes, stomach and intestines.

16. Color: Grayish-white, with traces of the original blue color. Sharply defined, dark scurf rim, completely encircling the Iris (very seriously impaired skin action), white snowflakes (arsenic); sharp yellow cloud in area of the brain (quinine-sulphate); violet color in area of stomach (some iron-poisoning—unorganized iron is a poison, whereas, organic iron is a constituent of the body).

The Iris shows hereditary organic defects: a density of the fifth class.

The almost black scurf rim indicates an extremely defective skin activity. The after-effect of this: 1) Defective oxydation of the blood; 2) High blood pressure, with restlessness, nervousness, anxiety, palpitation of the heart, unrefreshing sleep and insomnia; 3) Inflammations (symptoms: pains) and catarrh (softening of tissues; symptom: weakness) in the internal organs. The most prominent lesions are visible to the naked eye; most important of which are those in the area of the stomach, left kidney, the back, the liver, the throat, the abdomen, the chest, and the Hysterical Organ in the brain.

Striking signs are those in the uterus (prolapsus); left ovary; liver; chest (abnormal development); back. Complains of uterus; back, together with great weakness, lassitude and fatigue.

17. Arsenic Neurasthenia; Very Inferior Skin Action: Note the right ovary, the right diaphragm, and, in the left Iris, the spleen. The patient is the daughter whose Diagnosis is included in the Plates entitled "A Family History." (See Plate 228).

18. This patient is the daughter of the man referred to in Plate 43, who had so large a quantity of arsenic which had become deposited in the brain, in the Organ of Will, that in consequence he became so nervous that he committed suicide.

19. Mercurial Poisoning. A first-class constitution. Has frequent headaches. At the age of fourteen had an abscess on the right limb, which was treated with mercurial ointment. Has had abscesses in both breasts. Pains in throat.

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20. Mercurial Poisoning. Injured in the left chest in an accident. Most of the lesions are healed. It is to be noted that in cases of serious mercurial poisoning the outer portion of the Iris is not discernible, and, therefore, it is impossible to make a complete Diagnosis.

21. This represents a patient whom I once diagnosed, whose Iris revealed unusually heavy deposits of mercury. One portion of the bladder was not discernible; from his description of symtoms, I suspected that he had stone in the bladder, and examination by the X Rays confirmed this. Seven stones were found in the bladder. In this particular case the X Rays were superior to The Diagnosis from the Eye. This, however, is not a triumph over Iridology, provided that all portions of the Iris are intact. If a man has lost an eye, then a complete Diagnosis by Iridology is impossible.

In addition to the bladder trouble, this man, who is sixty-seven years of age, complains of a terrific pain at the back of the neck, and concerning which there was a considerable history. He had had smallpox as a child; after this a moderate pain in the left side of the neck remained. At the age of seventeen, while seeking for some means of livelihood, he undertook a long journey on a cold winter's day, to a certain village where he expected to be bonded by a man and thus be enabled to enter upon the business of liquor dealer. The man, however, refused to give him a bond, and on the return journey he called on another individual who had become wealthy through the sale of liquor. As this man had experienced an awakening with regard to the destructive effects of the liquor traffic, he most earnestly warned the young man against entering upon such a business. This made so profound an impression on the youth that he discarded the plan of becoming a liquor dealer. During the homeward journey, he had much agony of soul; having started out in the morning with great hopes of becoming wealthy by the sale of liquor, provided that he could find a bondsman, and now returning with his hopes of wealth dashed to the ground, he was in a rather extraordinary mental state.

At about 11 o'clock that wintry night, as he was turning in at his place of residence, he met a large black dog with a gaping red mouth, which followed him to the gate. The youth tried to drive the animal away and hastily passed through the gate but the dog, however, quickly sprang forward, and pushed through the

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gate, but almost immediately disappeared. Completely unnerved by the experience, and white as a corpse, he rapped on the door of his home, and being admitted, the relatives were amazed at his aspect. Because of this fright following his day's experiences, he was confined to his bed for a long time, and after this illness, he had a constant pain in the back of the neck, as before mentioned; an ugly pain, like the worst toothache, and which, according to his description, might have driven anyone to suicide.

At the age of twenty-one he went to Stockholm, and in spite of frequent attacks of suffering, gradually acquired a fortune. As his wealth increased, he spent a great deal of money for medical treatment; for 20 years he was treated by a physician who administered mercury, under the mistaken impression that the disease was due to syphilis, and eventually sent the patient abroad to Aachen, Vienna, Marienbad, the Riviera and Switzerland. He remained abroad for one and one-half years, and had then spent 11,000 kronor for treatment of his disease. At a consultation of seven physicians in Vienna, it was finally concluded that the trouble was neurasthenia (the new term adopted for nervousness during the 1880 decennium). Every possible method of treatment was tried: electricity, sun and air baths, massage, Kneipp Cure—all without avail.

Eventually he learned of "faith-cure" as practised at the great institution Hauptwil in Switzerland, the Superintendents of which were Pastor Strohmeier and Madame Malarbes. He went to that institution in 1883. There he met a Swedish Professor of Theology, who, wrecked in mind and body, had come to the institution for treatment. As our friend did not seem to have a sufficiently strong faith, it was deemed necessary for him to remain for a period of three months. (A "scoffer" might think that this was rather singular, as the delightful climate of Switzerland frequently works wonders.)

At last the time was at hand for administering the faith-cure. Gathering in a certain room, all present fell on their knees, and prayed aloud for Herr T—. After about a half hour, he experienced an ice-cold sensation, beginning at the neck and descending to the feet, remaining at the soles of the feet, both of which felt like ice. Herr T— rejoiced within his soul over the successful results of the faith-cure and determined to telegraph home the joyful news, when he suddenly observed a return of the ice-cold sensation, which forthwith proceeded to the region of the neck

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where he once more experienced the same old pain, that had momentarily disappeared. Faith-cure had failed. Returning to Sweden, he consulted Bolzius, a magnetic healer, but this treatment was likewise of no avail. Later, an American minister, with magnetic powers was consulted. He claimed to cure, without faith—for a consideration. In this instance, Herr T— paid 500 kronor, without result, of course.

Regardless of whether Herr T— is cured as yet, or not, he is, nevertheless, rejoiced over having at last discovered the cause of his trouble. He has unbounded faith in the findings of The Diagnosis from the Eye, because of the fact that the rest of his various ailments were correctly diagnosed. In addition to the foregoing, he suffered with a chronic stomach ailment, accompanied by a most nervous appetite, intestinal catarrh with flatulency, a weak bladder, great sensitiveness of the prostate gland, and has had scabies, which were suppressed with mercurial ointment, hence, he suffered with severe mercurial pains.

Iridology has never yet been able to verify an actual cure by faith, but on the contrary, has showed in several instances that the treatment was not a success. One case in point is that of the haughty daughter of a sexton in Norrland, who, in the year 1889 had heard of Bolzius. Being very poor, she prayed to the Lord to provide travelling expenses to Stockholm. On a certain day, a letter was received from some unknown person, enclosing 150 kronor. Her joy was unbounded, and because of this, her faith and hope were strengthened. Arriving at Bolzius' house, she was carried into his prayer-chamber; she had ankylosis of the arms and limbs as a result of gout, consequently could not walk or even feed herself.

The young lady related the following: In the prayer-chamber, Bolzius fell on his knees with the Bible before him on the floor, and began to read from beginning to end all the promises of prayer being heard, that occur in the Bible, saying at last: "Lord, Thou hast promised; now I desire that Thy promises be fulfilled." He actually shrieked this last so that the young woman became frightened, but of course she was not cured. In spite of the fact that she had had faith enough to acquire money for her journey, she was now accused by Bolzius of lacking faith.

Although The Diagnosis from the Eye has not yet been able to corroborate faith-cure, it is not intended to deny the possibility of healing by faith, such as was demonstrated by Christ and His

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Apostles, for example, but here was a principle involved, other than is evidenced by modern apostles of faith cure. While Christ and His Apostles "went about doing good" they "had nowhere to lay their heads," but present day disciples of faith cure are actuated by the desire "for revenue only" in order that they may live in palaces.

It was very interesting to make the acquaintance of a prominent Finnish lady, who asserted that she had been healed by faith. She related that at the age of twelve she was injured in the eye by the point of the elbow of a companion; immediately the fluids in the eye escaped and she became blind in that eye. Being at once taken to a physician, he dared not treat the case, but advised sending her to Helsingfors. Here she was informed that if not immediately operated, the eye would certainly come out by discharging of its own accord, and would endanger the sight of the left eye. In spite of the entreaties of her mother, the girl would not consent to be operated upon.

She had faith in the efficacy of prayer, and was taken to "one who prayed over the sick," and by him she was anointed with oil. This was effective in saving the eye, and now, ten years later, she was still in possession of both eyes. "This should be proof enough for you," concluded the young woman. I then explained to her the miracles of the New Testament and showed her that faith cures should be unqualifiedly considered as a restauratio ad integrum, i. e., a complete and instantaneous restoration to health, so that neither the part affected, nor the Iris, after the healing would show any signs thereof; a restoration such as the present day Homeopathy is able to demonstrate in the cure of acute diseases, but not however, in chronic cases. In this respect, the young lady agreed with me. I then requested that she permit me to examine her eye, and with the naked eye (as I had no magnifying lenses with me), I discovered that the conjunctiva and the Iris had become adhered; furthermore, there was a little strabismus, or squint.

When I observed this, I said: "As a 'miracle' this falls far short of the mark, but as an example of natural healing it is excellent, and even the Mattei remedies could hardly have achieved better results. Generally speaking, I admire your faith, for without this element, you would have fallen into the hands of the surgeons, and in that case you would now doubtless be in constant darkness, as was the case with a young girl of Norrland, who sus-

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tained an accident similar to yours, and being treated with mercurial applications, the result was that both eyes finally had to be removed by an operation. I admire your faith, for it is 'the faith that overcomes the world.' But as a 'miracle' in an actual sense, or within the Scriptural meaning of the term, the cure cannot be so considered, as it is merely a natural healing process. When a person, by the laying on of hands, or by anointing with oil (or by whatever process may be used) transfers his own magnetism, or vitality to a patient, he accomplishes a gradual healing, similar in effect to the healing of Nature unaided, or of Homeopathy, but no miracle has been performed."

Let us now more closely examine the Plate of this patient's case, with special reference to the condition at 30° in the left Iris. We observe the catarrhal defects at the base of the brain, where it adjoins the medulla oblongata. These signs denote destruction of tissue, in part, in the occiput (tubercles) and in part, in the brain substance. We further observe the two parallel white lines (in reality they are yellowish, as the man is brown-eyed), and these indicate chronic inflammation. If this case is to be healed, it will be necessary that the dark portions be drawn through with white or yellow lines (in the beginning, an acute illness must have existed here, which had passed over into the chronic form, with subsequent catarrh and tubercle formation). Not long since, (1911) I met Herr T—, on the street. He is quite a different man —very robust for a man of his age—thanks to the Mattei remedies and the operation for removal of stone in the bladder.

22. Mercurial Poisoning. The patient complains principally of the stomach and intestines. The most pronounced sign is that indictating the duodenum and pancreas. (β).

23. Mercurial Poisoning. Mercurial symptoms are very prominently in evidence. Severe boring pains in the brain, pains in the neck, and joints, a fearful restlessness of the entire body (this is to be expected, as the blood cannot circulate in the skin, whereby there arises internal congestion). If such a patient were in the vicinity of a Kneipp institution, she would probably enter upon such a cure. The Kneipp cure, however, is contraindicated in cases having either a scurf rim or a mercury ring. If the skin is debilitated it must be protected and not overworked. The improvement must come from remedies taken internally. The Kneipp cure is doubtless an outgrowth of the materialism within the medical profession of the present time. "From without inward,"

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is their watchword, instead of, "The improvement of the body and mind must come from within."

As a general rule, I never prescribe external treatment such as cold baths and plunges of the Kneipp cure type. Only in those cases wherein the patient's skin action is in excellent condition (and this is very seldom), and for those who, through a sedentary mode of living, and heavy feeding, have impaired their digestion, do I ever prescribe such a cure, and particularly when it is not convenient to take the Mattei remedies. Also, when I cannot persuade the patient to live a simple and common sense life, including active exercise, and moderation in diet. But when either kidney or lung ailments are present, the Kneipp or Kuhne Cure is absolutely prohibited. Professor Jäger once said, among other things, and correctly so, "The Kneipp Cure is particularly adapted for 'easy-chair' philosophers."

24. Mercury. A great number of healed organic defects. In spite of the defects being healed, there remains as an after-effect, a continual weakness of the body.

Observe the inflammation in the area 15, in the right Iris, (symptom: bilious vomiting). Appendix, leg, back. The right kidney is quite well healed, but is still weak. How such an originally good constitution could have been so mistreated may be guessed by the reader. Observe, for example, the connection between the urethra and the bladder (4 and 6). Much may also be attributed to the fact that he has never spared himself, but has always "helped lift," and such a policy invariably produces organic defects.

25. A most fearful case of mercurial poisoning. It was amusing to hear this patient assure me, with a most earnest manner, that he had never used mercury. I replied tersely: "You hear what I say; you are suffering with a most fearful mercurial poisoning." The result of this conversation was that the man stated that the floor of his laboratory was almost completely saturated with mercury, and doubtless the mercurial fumes being inhaled were responsible for the condition. In this case, the mercury, instead of being deposited in the skin where it would have caused the least harm, had penetrated the tissues of the body and of the brain, causing congestions of the blood with threatening consequences, such as paralysis (see 10-¼ and 10-½). In the treatment of a case of this kind, it is necessary to supply good electrical tone and a good quality of blood, and thus drive the mercury outward

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to the skin. It would be a great crime to prescribe the Kneipp and Kuhne Cure for a case like this, as such a method of treatment would merely serve to drive the mercury to the internal organs. Among other things, the patient complains of intestinal colic, of the kidneys, and asthma (the lungs are saturated with mercury).

The reader should take note that the pale white ring in the diagram is a sign of mercury. Looking at the living eye with its mercurial ring, the Iris resembles a mirror.

26. Mercurial Poisoning. General disintegration of all organs. The small white points in the area of the cardiac opening of the stomach, and in other parts of the stomach, indicate cancer.

II. Chronic Stomach and Intestinal Diseases.

27. Catarrh of Stomach. Not a very pronounced catarrh of stomach. Heavy deposits of antifebrine on the Sympathetic, with the accompanying danger of appendicitis. There is a connection between the ailments of the liver, diaphragm and pancreas, right Iris. Connection between the bladder, rectum and left kidney; defect in diaphragm, left side, due to severe injury; great weakness in back; right foot dislocated; injury to occiput, left, causing dizziness. The urine shows red brick dust deposits (uric acid diathesis).

28. Catarrh of Stomach and Intestines. The most noticeable defect is the enormous displacement in the region of the small intestines, forming a "sack" (see oo, indicated on pupil). When the contents of the intestines enter this "sack" there is a mechanical interference in the forward movement of the contents, and, remaining in this part of the intestines for too long a period, abnormal fermentation takes place, causing the formation of gases and an enormous swelling of the abdomen.

Has had considerable pain in right knee. Pains in right side of abdomen. An abscess in right side was removed operatively. The pain in the brain is attributable to the nose defect (see the large connecting bow at 9). After sustaining a great sorrow, a fearful pain occured in the left side of the brain; it seemed as though something had split, and he was afraid of becoming insane. (See healed lesion at 10 between 0° and 330°, left eye). Has had terriffic pains, and which still continue, in the lower part of the back.

Physicians have made examinations, using force, and thereby

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aggravated the trouble. (By the year 1905, the pains had disappeared). Complains of constipation.

29. Patient complains of stomach trouble, (see α and β, incipient cancer). Two years after this Diagnosis, he was operated, but died during the operation.

30. Color: A pale, light grayish-blue with some yellow; faint brown color in stomach area.

Iris is fine (second class constitution).

Originally a good constitution and excellent quality of blood.

We observe the pyloric opening of the stomach, in right Iris; scar tissue from a wound has contracted the pyloric orifice, which hindered the normal passage of stomach contents into the duodenum, and about two hours after eating, vomiting occurs, accompanied by colicky pains; further, rectum, with hemorrhoids; the right kidney, with gouty or uric acid deposits all over the body, which are responsible for "pains all over the body."

31. Complains particularly of the appendix (x), the right leg; Arsenic Neurasthenia, diaphragm—left Iris, neck—right Iris.

32. Has had ulcers of the stomach, with vomiting of blood. (see α β γ δ ϵ).

33. Catarrh of Stomach and Intestines. At the age of nine or ten years, fell from a load of hay and injured the left shoulder blade, the left side of the neck and the left arm. Pressure in the abdomen; pains in left pleura. Weakness in legs and arms; varicose veins in right leg, which has likewise sustained an injury on the inner side of the thigh; stitch in the side; pain in ovaries. Incipient cancer.

34. In the year 1897 had fluid in the pleural cavity (13); leucorrhea—painful menstruation; periodic headaches, with cutting pains over the right eye; β,—remarkable displacement of small intestines in the region of the navel, left side; hysterical weeping (see 10 between 0° and 30° right side; 3-5-6 connection between left kidney and bladder, left. Pains in arms (uric acid).

35. Severe Catarrh of Intestines had continued for a period of six months, at thirty years of age. Has cut the left thigh. On one occasion overlifted and strained the abdomen (17). Now complains of headaches. Two years ago headaches suddenly appeared; there was a roaring in the head, and a pressure made itself felt (see the sign 10 between 0° and 30° right and left—congestion of blood in the brain); there is a serious condition of the brain; likewise the ears (catarrh). Has used mercurial ointment and the

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mercury has become deposited in the brain and limbs. Mercury causes the tissues to become brittle. The same cause of the defect in the abdomen has doubtless produced the lesion in the right hip.

36. Catarrh of the Stomach and Intestines. Has been troubled with diarrhea for a period of three years.

37. Catarrh of Stomach and Intestines, associated with Bladder trouble (6). Clergyman seventy years of age.

38. Color: Pale grayish-blue with numerous brown spots (iodine, iron); brown in area of stomach (iron); a number of white snowflakes, some of which are covered with yellow (arsenic and quinine); a medium scurf rim. The Iris color is very inferior; likewise the skin action.

The density of the Iris is fine (second class constitution).

Originally a good constitution with an excellent quality of blood. Through vaccination, industrial and drug poisons, the color of the Iris (corresponding to the condition of the blood) has deteriorated, and there is now a deficiency of calcium, sodium and red blood corpuscles. Some deposits of luecine indicate that a healing process by means of a cancer tumor is in its incipiency. (See XX and the small "points.")

Most important organic lesions: the stomach (see the small "points" here); the duodenum (see X); the descending colon (XX), (luecine deposits).

A celebrated specialist believed that the trouble was located in the pyloric orifice (see 1, about the middle, right Iris; there are as yet no stomach defects) and advised that an operation be performed and a new opening be made for the duodenum. The patient who has been given a "test breakfast" by the specialist, has now prepared himself for the operation which is to take place within a year, when his business will have been set in order, and prepared for the possibility of a fatal result of the operation.

We observe further, the rectum (5); the throat; the bronchi; the lungs; the left arm and hand (14). With regard to the latter, he related that at the age of fourteen he was stung on the back of the hand, which pained so severely that he screamed, nearly losing his breath, and asthma set in later.

Lastly we note the lesion in the right side of the nose, of which he also complains. Finally, the digestion has been greatly impaired ever since childhood, and he now suffers with stubborn constipation. Has had an abscess on the right leg.

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39. *a*—Chronic Appendicitis. Has had ear trouble. Defects in the abdomen.

The most prominent cause of appendicitis of today is the presence of iron particles in flour, and which have chipped off in the milling process. Perhaps the non-homeopath who may chance to read this, may think: "It certainly is gratifying to know that the surgeons have become so proficient in performing operations for appendicitis; the removal of the vermiform appendix, which, according to physicians is of no value, therefore need not be regretted." I would reply to this that it is true that physicians have declared that the appendix has no function, as has also been stated with regard to the spleen, but these physicians do not understand what part these organs play in the bodily economy. An audacious statement of this kind is without parallel; it is preposterous to maintain that an organ provided by the Creator is for no purpose —merely because its significance is not comprehended—as though anything created by God, even though minute and insignificant, should have no purpose and is thereby a senseless creation.

But if the medical authorities do not know what is the function of the organs mentioned, and do not realize that the spleen is the electric dynamo par excellence of the body; and furthermore, that the vermiform appendix performs a function corresponding to that of the ground wire of the lightning rod—we do know this. To remove the appendix is as "sensible" as to cut off the ground-wire of a lightning rod. In Stockholm we have inspectors of lightning-rod-conductors to see that this portion of the apparatus is in proper order, for if it is defective, the building is in great danger of being destroyed by a bolt of lightning during a thunder storm. The same is true with regard to the vermiform appendix; if it is removed, and the body sustains a severe shock, the organism is likely to suffer most seriously. It has been stated that people can live only seven years after the removal of the appendix, but I have met several persons who were still alive 12 years after the operation. They were fortunate in that their nervous systems had not sustained any serious shock; a defective lightning-rod-conductor would have occasioned no damage to the house unless lightning should strike in the vicinity. Hence, in view of its function, we should guard against having the appendix removed.

How much better would it not be to remove the most common cause—the small particles of iron which are usually present in the coarse flour that comes from the mill. In this respect, the

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fine flour is not as dangerous as the coarser variety, which latter, however, we must use in order to have lime in our systems, and thus avoid cancer. How can we escape the danger which threatens us from the above source? By restoring the old-fashioned stone mills? The milling business as a whole would doubtless not agree to this, unless strong pressure was brought to bear. In Germany a process has been provided to eliminate the danger that lurks in the flour ground by the rolling mills; in making the coarse rye and wheat bread, the grain is not ground. The Widow Simon, at Soest, bakes bread made of rye and wheat that has not been ground, by the following process: The imported grain is well washed and allowed to ferment by malting, after which the grain is put into a baking trough and hot water poured over it. This is then allowed to stand for three days, to soften and to raise; it is afterward put through a grinding machine similar to a meat chopper. Coming out of this machine in a long roll the dough is automatically cut off into loaves of suitable size and carried forward on mechanical conveyors to the ovens, where it enters on one side in the raw dough form, and removed from the other side when baked. During the entire process no human hand has touched either the grain or the dough.

When I become tired of the miserable Stockholm bread, and when I note by the odor that an inferior rye has been used, then I order from the Simon Bakery a package of the German bread to be sent by parcels post.

In foreign countries congresses are held, relative to the cancer disease; much time and study is devoted to determining the cause of the malady, and to the discovery of the cancer bacillus. The question should be answered in this wise; cancer is the last doubtful effort on the part of Nature to prevent the destruction of tissues. The lack of calcium and sodium compels Nature to make use of luecine and cartilage as healing substances.

For those who own a large oven, as is the case in most places on the farm, it would be a comparatively easy matter to bake such bread, even without preparing it in a mixing machine.

40. Catarrh of Stomach and Intestines. Significant lesions in the back and bladder. With regard to this, the patient relates that several years ago she had a severe pain in the lower part of the back. Ointments were applied to the area, and later, pains in bladder set in; has had a most severe and stubborn coryza. Has injured the right shoulder, and has pains in the right arm which

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frequently swells. Patient states that during the Summer a sensation of hardness obtains in the right breast. Observe the small black spot surrounded by white near 13, in the middle, at X (valvular trouble in heart).

41. Catarrh of Stomach and Intestines. Gonorrhea, and disease of bladder. Right arm is stiff and immovable.

42. Diarrhea, continuing for many years (5). Has injured the neck and occiput in a fall.

43. Catarrh of Stomach and Intestines. Has had gonorrhea. Very sensitive to arsenic; can detect by the sense of smell when arsenic is present. Very nervous; committed suicide in 1909. Was not an adherent of Homeopathy.

44. Catarrh of Stomach and Intestines.

45. Catarrh of Stomach and Intestines.

46. Catarrh of Stomach and Intestines. Serious mercurial poisoning, due to the fact that the patient, a farmer, has very often applied mercurial ointments to his live stock to cure the mange.

47. Catarrh of the Stomach and Intestines. The black spots are the signs of suppressed scabies.

48. Chronic Catarrh of Stomach and Intestines. This man cannot eat peas or pork. Where there is a serious catarrh of the intestines, it is wise to avoid these articles of food. It was amusing to learn that this patient maintained that inasmuch as he could not eat pork and peas, these articles of food should not be consumed by people in general. Further, he did not dare to eat sugar; for, were he to eat three or four pieces daily, there would inevitably appear a red deposit in the urine. Hence, as sugar had such an unfavorable effect in his case, he would prohibit its use for everyone. Because it had seemed to work out to advantage for him, he had outlined the following regime for his fellowmen: "Eat only fruit and bread, and walk continually from morning until night."

I agreed with him that such a method of living would be beneficial for a patient, under certain circumstances, but explained further that his diet could not be established as a rule for all individuals; on the contrary, he should strive to heal the lesions in his intestines, whereafter he would be able to eat both pork and peas, which are excellent articles of diet; he should also strengthen his weak kidneys, when he would be able to eat sugar, for pure sugar is beneficial.

It is characteristic of human nature to be one-sided. For Kneipp and Kuhne, water is the only curative remedy; among the vegetar-

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ians, the fruit diet is the saving grace. It would seem that we homeopaths, alone, possess the correct perspective in this matter. Under certain circumstances we approve of the Kneipp and Kuhne Cure, i. e., when there is normal skin action. We approve of vegetarianism when the intestines are in good condition. The only things we condemn are poisons—drug and industrial poisons.

49. Catarrh of the Stomach and Intestines. Chest (13), abdomen (17), rectum (5). Both ears (11-½) injured by a heavy box on the ears, administered by the school teacher.

50. Catarrh of Stomach and Intestines. Fearful inflammation through salicylic acid poisoning.

This man, who is twenty-seven years of age, relates: "At the age of eleven I became ill with rheumatic fever, and was bedridden sixteen weeks, taking a great deal of medicine, and requiring a long time for convalescence. At the age of thirteen, there was a recurrence of the same ailment; fluid formed in the left pleura (13); was bedridden for eleven weeks, and thereafter was removed to Djursätra Bath House for treatment. The heart became irregular; there was a recurrence of the rheumatic fever nearly every year." The patient is very emaciated. Has been treated with Lapis Infernalis for catarrh of the nose. Other defects are to be found in the liver, kidneys, bladder and rectum. Brain-fag.

51. Catarrh of Stomach and Intestines, with severe Diarrhea. The upper jaw has been injured as a result of extracting a tooth. The head was injured while skating; has also hurt the right wrist. This patient has a daughter eight years of age, the middle portion of whose eyes are like those of the father, with the exception that the intestinal defects are healed and this area is blue in color, whereas, the father still has open intestinal lesions and the area of the digestive tract is discolored. While she has inherited these organic defects, the little girl suffers no pain in the region of the abdomen, although she finds it necessary to favor her stomach and intestines.

If a patient with lesions of this kind were to consult a vegetarian, the latter would naturally prescribe a vegetarian diet. I maintain that such a regime would be a great mistake, for, when the intestines are in such a serious condition, one should studiously avoid an exclusive vegetarian dietary. Vegetarianism is excellent for those whose intestines are in a good condition, but it is absolutely necessary to individualize in prescribing treatment, for

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what may be of benefit to one may injure another. Therefore, it is to be deplored that a one-sidedness obtains among so many people.

52. Catarrh of the Stomach and Intestines. The patient, a lady seventy years of age. Abscess in the right breast, from which pus has discharged for many years.

53. Catarrh of Stomach and Intestines. Complains of the bladder, and of brain fag.

54. Catarrh of Stomach and Intestines. This Plate is included among those in the "History of a Family." See explanation further on.

55. A short time after I had completed this Diagnosis, the patient, who is a merchant, returned and related that upon leaving me, he immediately went to the office of a well known specialist of Stockholm, and, after introducing himself, stated that he had had the Liljequist Eye Diagnosis, but now wished to have an adequate diagnosis made by the honorable doctor. The doctor smiled, and remarked: "So you have been to see that fraud and charlatan?" "Yes, I have," said the patient. "Please be seated, sir." "Thank you." "And now what have you to complain of?" asked the specialist. "Oh, you misunderstand me," said the merchant. "I wish to have a careful diagnosis made; I have nothing to complain of, and furthermore, the fraud and charlatan Liljequist, did not at all ask what my troubles were; he merely made notations and drawings, and if I opened my mouth at all, he immediately bade me to keep silent. One ran the risk of being shown the door, if one dared open one's mouth before the Diagnosis was completed. Liljequist said that he was the one to say as to what diseases I had, and that under no circumstances would he care to hear what I might have to say. And now, doctor, I wish you would kindly tell me what is the state of my health, just as Liljequist did, and I would be pleased to have you give me a written description. I will pay what it costs."

The doctor gave him a dark look, and began the examination, analyzed the urine, tapped the chest, listened to the heart, took the man's physical measurements, etc., and after some little time, he recited to the patient two pages of manuscript, covering the diagnosis. After the merchant had heard the doctor's diagnosis, he said: "That is all well and good, but you have made no mention of the scabies which I had as a boy, and which was suppressed, which latter Liljequist particularly emphasized; furthermore, it

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is deplorable that you made no mention of the trouble in the duodenum, as did Liljequist. I firmly believe that Liljequist is correct, partly because the symptoms that he described correspond with my own experiences, and partly because Dr. Berquist at the Kneippbaden, where I have been twice, expressed his belief that it was an inflammation of the duodenum. It is rather singular that you, doctor, did not know of this trouble, the symptoms of which is the only thing that really bothers me. What is your fee?" "Fifty kronor," replied the doctor.

Observe the sign at 15,—inflammation of the gall duct and of the duodenum. The distinct black spots (in the living eye they are reddish brown) are signs of suppressed scabies. As the density of the merchant's eyes were of the first class, it was not a difficult task to make this Diagnosis. It is quite a different matter when the Iris has a density of the fifth or sixth class. Such cases are, even for me, difficult to diagnose.

56. Catarrh of the Stomach and Intestines. Diagnosis of a man, the father of six children; yet the Diagnosis resembles that of a woman suffering with a uterine disorder. The reason for this is that the prostate gland has been bruised, and this organ is the analogue of an undeveloped uterus. Another notable feature is, that at 15-½, left Iris, may be seen the resemblance of an atrophied ovary.

It is a historical fact that every 500 years a number of masculine women are born; and there are certainly plenty of them at the present time. During the years 1000 and 1500 this condition likewise obtained. But simultaneously with these abnormal females (masculine women), there were born abnormal (effeminate) men, and on Plate 148 is the Diagnosis of such a masculine woman.

This man's eyes look very much like a woman's, and his mannerisms are those of a woman. Further, the Diagnosis shows catarrh of the stomach and intestines. Observe the large kidney lesion in the left Iris. The patient complains, in particular, of the left pleura, the back, and the legs.

57. Catarrh of the Stomach and Intestines.

58. At the intersection of the appendix and the ascending colon (cecum) may be noticed significant signs—luecine lines. Further, Arsenic Neurasthenia, and defective skin action. (The large X in the pupil merely signifies a growth on the conjunctiva).

59. Cancer at the Cardiac opening of the Stomach. The patient died under drug treatment shortly after this Diagnosis.

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60. Cancer of the Stomach. A woman eighty years of age. Died two years after the Diagnosis.

61. An interesting Diagnosis. The man came to me, stating that he wished to be diagnosed on a Sunday. I said to him that I preferred not to make a Diagnosis on Sunday, as there was nothing ennobling in laboring on the Sabbath; that only in a case of emergency would I accede to his desire, and asked him what his business was. Because of his indefinite reply to the effect that he travelled a great deal, I rather suspected that he might be a "spy," but I replied that he might come on the day desired. Then, thought I, I will soon discover what you are; I never go out of the way in case of trouble, although I am a man of peace.

But the man, however, did not appear, and I was rather glad of the fact, as strife is never very pleasant.

Nevertheless, a short time afterward, the man returned, stating that he would be thankful if I would examine him on a week day. I granted his wish. During the Diagnosis he was very quiet, uttering not a word, and even withheld his name. Following the Diagnosis, and while I described very minutely his condition, particularly the striking lesion shown at 15-¾, right Iris, and during my comparison of his case with other diagnoses of similar conditions, he, realizing that I was well aware of the great trouble which had made his whole life miserable, unburdened himself: Thinking that I was rather gruff the first time he met me, he went to a celebrated specialist, intending never to see me again. The "famous" man said to him: "My dear Captain, you have drunk a great deal of grog." "I have not drunk grog for fifteen years," replied the captain. "But you have a very serious liver trouble," and the doctor proceeded, on his own large abdomen, to point out to the captain the extent of the liver lesion. "It may be that I have liver trouble," said the captain, "but the fact remains that I have used no grog in the past fifteen years." The doctor prescribed aloes for the trouble.

It may be remarked incidentally that the captain had described to the famous doctor, the symptoms in the right side, whereas, coming to me, for Diagnosis, the captain had maintained absolute silence, and only after I had very minutely pointed out the area of the pain, which was located in and about the right hip (adhesion of the peritoneum and intestines), was his tongue loosed.

The captain once more returned to Stockholm to consult his old physician, Professor A—; he informed the Professor that ow-

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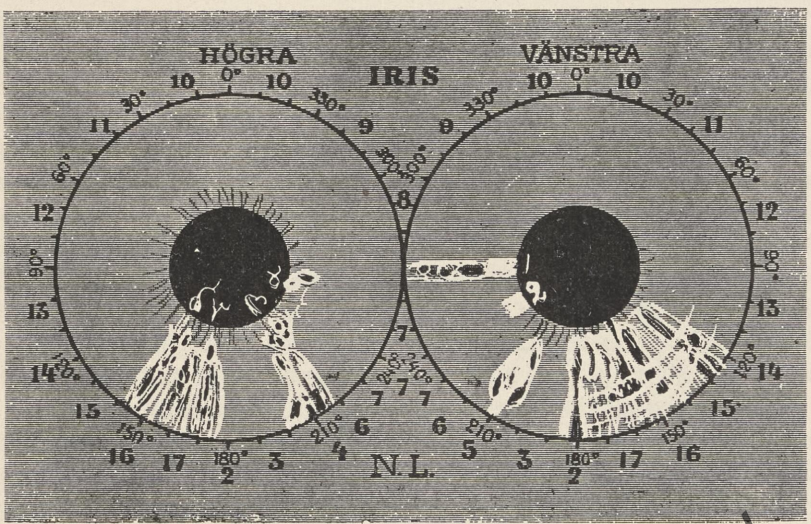
ing to the never-ending uncertainty with regard to his trouble, he had consulted the "famous" doctor beforementioned, and had been told that the ailment was a serious liver trouble due to heavy grog drinking. The Professor immediately telephoned the "famous" doctor and said: "I have learned from Captain X— that you have stated that his trouble was a serious liver ailment, due to excessive use of grog; this is a mistake, and you might pride yourself if you had a liver in as good condition as the Captain's. Nevertheless, I, too, am at a loss to know just what his trouble is." (See the Plate of this Diagnosis; the small healed lesion at 15-¼, is an insignificant liver defect.)

The following is the story of the manner in which the captain acquired his singular lesion. About fifty years previously, at the age of seventeen, he entered upon his seafaring career, sailing out of the port of Stockholm. As his vessel was about to put into winter quarters, rather early in the season, he obtained a position as seaman on a sailing sloop. On the return cruise from Norrland he stood at the helm, at eleven o'clock at night, and steered. The captain and the helmsman were at supper in the cabin, and the cook was in his galley. Suddenly a high wind storm arose. Having a too high deck-load, the sloop listed to one side, shipping a great deal of water. All on board, however, were saved, entering a leaky, small boat, which was soon half filled with water, and had to be bailed out with a boot belonging to one of the sailors. After rowing for five hours in a temperature about 10 degrees below zero, they reached land, at last, and were taken into a cabin on the beach, where a fire was prepared.

The captain and the helmsman seated themselves next to the blaze to get warmed, and because of this indiscretion, gangrene in the frozen limbs developed. They were some time later operated, but died under the knife. The sailors, including our hero, were advised by the woman of the house to run back and forth and whip their legs with switches. Stimulating the circulation in this way, they escaped having gangrene but ever since that night Captain X—has had an eternal gnawing pain in the right side. Since this was the origin of the trouble, it hurt him very much to have the celebrated doctor accuse him of having "toddied" too much. That the captain was alive in spite of such an enormous lesion, was due: 1, to his having a first-class constitution; 2, that the physicians had not understood his trouble and therefore, were not in position to prescribe a "strenuous" treatment. As a matter of

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fact, the lesion as a whole has been healed by Nature, although it becomes painful on motion. It was a comparatively easy matter to make this Diagnosis, as the man had a first-class constitution; much more difficult would it have been if the man had belonged to the fifth or sixth class constitution.



In the year 1911, I had an interesting case for Diagnosis, similar to that of the captain. The accompanying cut illustrates the case. The young lady, twenty-five years of age, was suffering with a contraction of the pyloric orifice of the stomach (α). Being operated upon, a new opening was made (β) connecting the stomach and intestines. A week after this operation she was attacked with appendicitis (γ), and the appendix was extirpated. Two weeks after the latter operation, as she was being given an enema, there occurred a perforation of the intestines and a rupture of the abdominal muscles so that the intestinal contents were forced out of this opening. She was later discharged from the hospital as incurable. An ulcer had formed, causing adhesion of the peritoneum and intestines (δ). It is rather extraordinary that the sign at (δ) is situated in the area where ordinarily an ovarian lesion would be indicated.

The other signs are taken from diagnoses of other patients and indicate: 1, cancer of cardiac opening of the stomach, and esophagus; 2, cancer of the stomach; 5, cancer of the rectum. The

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black sign near 4, indicates extirpation of the right testicle; 17, a similar lesion to that found on Plate 209.

62. Color: Pale grayish-yellow with a few white snowflakes (arsenic), and dark scurf rim, instead of light sky-blue.

The Iris discloses in the middle portion, inherited organic defects.

Synopsis: Originally a very weak constitution (hereditarily encumbered as to intestines); the outer half of Iris indicates a second, or third class constitution.

The color (blood) has deteriorated owing to heavy drug-poisoning; the skin, on this account, is pale and transparent. The most important lesions are apparent to the naked eye; the area of abdomen, and especially the intestines, in right Iris, show enormous displacements of the intestines (the small round white spots in the pupil in the picture are intended to call attention to the large intestinal lesions), the unusual enlargement of the ascending colon, right Iris; the transverse colon, left Iris; the descending colon, and above all, the sigmoid flexure, as well as the rectum (5).

The nature of the condition is very easy to understand: The enlargement of the intestines causes colic and pressure. Observe the displacement of the intestine at 4, right Iris. In this curvature, the intestinal contents are retained too long, and the results are gas-formation. Observe the curvature of the sigmoid flexure in the left Iris. Here, likewise, difficulty is encountered, as only by the greatest effort can the fecal matter be removed from this deep pouch. As a natural consequence the bowel movements are very abnormal, and most stubborn constipation manifests itself. The pronounced black spot about opposite the number 16, left Iris, is a sign of perforation of the colon; the sign in the area of abdomen signifies an injury in that region.

We observe further the sign at the urethra (4) gonorrhea; chest, left Iris.

Patient relates: Since childhood has constantly had a weak digestion with colicky pains and pressure due to gas formation. Between the age of twenty to thirty was engaged in photography. Owing to being closely occupied he neglected attention to the bowels most shamefully. As a result of this, he had a serious hemorrhage from the bowels. Later pains in the rectum; these in the beginning were quite slight, but steadily increased in severity until at last were terrific; after a few hours they would cease. Consulting a physician in Copenhagen, he was given morphine. Con-

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ditions continued in this way for a year. Then no bowel movement without artificial aid. Cancer of the rectum set in. In Malmö, was operated in the following manner: the abdomen was laid open on the left side, the rectum brought out and the contents unloaded. In the Spring of that year he was so ill that the physicians informed him that he had only two days to live.

It certainly was no very simple ailment. Would it be worth while to try the Mattei remedies in this case? I advised as follows: to try to heal the cancer in the rectum, and then the colon, and to have the surgeon close the abdominal opening.

After one month's treatment he returned. The surgeon had examined the cancerous growth and reported that it had diminished in size, stating further that the tumor was on the mend. (Naturally, the physician would not attribute this improvement to the Mattei remedies). The man, however, died on the 18th of January, 1908.

His wife wrote me, on the 2nd of February, 1908:

"Herr Pastor Nils Liljequist:

"As I can well understand that you may be interested in the matter of the condition of my husband during the latter part of his illness, I herewith submit this information. Before Christmas he was very weak; by New Year he had somewhat improved; then a cough commenced and shortly after New Years he had to take to his bed; his strength had practically left him and he could take only liquid nourishment. The cough occurred quite frequently and, with it, vomiting. Then set in a most severe pain in the entire right side where a tumor appeared. The latter, however, began to recede, and on Saturday morning both the nurse and I felt that he was on the mend. But at one o'clock another severe coughing spell set in and then a most fearful stench, which he himself observed, and the nurse asked him what that came from. Soon after two o'clock he had another severe attack of coughing and he said to me: "I certainly can live no longer. I feel that I am dying." At 4:20 in the afternoon he passed away. He was at peace and resigned to his fate."

Apparently the intestines had ruptured and the contents entered the peritoneal cavity, causing the so-called tumor, and the stench mentioned.

What an expensive period had been wasted while the professor in Copenhagen took an entire year for his purpose. If a cancer patient has sufficient inherent vitality whereby he can survive

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one year,—and this the young man must have had,—as he was able to live nearly two years in spite of the morphine and the operation—then, as a rule, cancer can be cured.

With reference to the other defects of this patient, for instance, the lesion in the left chest, this occurred as a result of being thrown out of a wagon, injuring the left side very seriously.

III. Chronic Kidney and Bladder Diseases

63. Uric Acid Diathesis. The cause in this case is due to "dead portions" in the fleshy part of the kidney, because of the abuse of coffee and tea, together with drug poisons. The patient suffers with headaches due to uric acid deposits in the brain. Has injured the head (see 10-½), as a result of which there was a paralysis of the tongue, left side of neck and left arm.

As the arsenic-containing wallpaper in her rooms was being removed, she became so ill that she died from the effects thereof. Her husband wrote as follows: "The poisonous wallpapers, of course, should have been immediately removed, and this took place on the 7th and 8th of November, 1905. That there must have been some diabolical substance in the wallpaper was demonstrated by the fact that all those who were engaged in the removal of the paper became seriously ill. We made the great mistake of remaining in the house during this unfavorable state of affairs. As there was a heavy draft, my wife took a fearful cold so that in a single night her health was entirely broken. She had such a severe catarrh of the lungs and was so weak that during a period of five weeks she could not sleep five minutes consecutively, nor did she sleep more than five hours, day and night included, throughout this period. We, of course, called physicians who prescribed chloral and morphine, but her strength gradually decreased until at last, on the 14th of January, 1906, completely exhausted, my wife was relieved of her sufferings by a quiet and peaceful death." Further the letter reads: "It pains me so much the more as I had already lost a beloved wife thirteen years before, as a result of similar circumstances (arsenic). The symptoms were: nervous debility, particularly with regard to speech and swallowing, as well as in the arms and legs, and eventually the nervous system of the entire body became involved. The arsenic-containing wallpapers contributed for the most part to this misfortune."

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Thus, two human beings have been sacrificed because of the deadly arsenical-poisoning. It, therefore, does not produce a very favorable impression when the Investigating Committee's Report relative to the allowance of arsenic, states that people are suffering from the fear of arsenic in much the same manner as they have the bacteria phobia. If the Commission ridicules the germ phobia which has been produced by the drug-doctors, I have no objection to that, as germs are only the accompaniment and not the cause of disease. It is quite a different matter as regards arsenic. Arsenic is injurious for human beings, animals and for vegetation, if used in weighable quantities, although it injures some more and some less, in accordance with the fineness or coarseness of the structure of the nervous system. However, it is not worth while to waste words in trying to convince the Commission that their report is false, and that a law should be enacted absolutely prohibiting the use of arsenic in wallpapers, clothing and textiles; instead, as the Commission has already proposed, of permitting a greater percentage of arsenic to be used. I expect no good to come from the source that the Commission hails from. Everyone must apply all means at his command to counteract the arsenic danger in one's home. I look for no assistance from the State. Everyone must help himself.

That which I had feared has come to pass. On the basis of the recommendation of the Commission, the Parliament has decided that foreign manufacturers, particularly the Germans, may be permitted to use four times as much arsenic in the wallpaper as heretofore. Nevertheless in 1911, there was a proposition before both Chambers of Parliament, for a revision of the arsenic law of 1907.

64. Kidney Disease. Operated because of stone. Stagnation of blood in the left leg. Inflammation of the uterus. a—serious displacement in ascending colon.

65. Stone in Kidney. Operated for stone in kidney. At one time sustained a blow over the bladder causing it to bleed. Frequent desire to urinate. Red brick dust deposits in the urine. Constipation. Pains in left foot (evidently dislocated). 11-¼ and 11-½ left: clavicle (pains), 11-½ right: pains in neck.

66. Kidney Disease. Has had albumin in urine. There are now brick dust deposits. Rupture of right eyeball (due to vaccination). Colic. Skin eruptions. Miscarriage.

67. Uric Acid Diathesis. At the age of seven had scarlet

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fever with albumin in the urine—then seemed to be healthy until her fourteenth year. Has had to work hard. Uric acid deposits in the fingers which appear rather disfigured. The lesion in the back part of the kidney (3-½) is the cause of this. A most remarkable feature in connection with this young woman, twenty-one years of age, is the serious lesion in the liver (catarrh) and its accompanying cadaverous odor. Among other signs may be mentioned: the lower bronchus, left Iris; lesion in sexual center in brain, next to Sympathetic (10 between 0° and 30°, right); legs (gouty or uric acid deposits—sensation as of walking on peas or shot); uterus (leucorrhea); brain fag.

68. Kidney and Bladder Disease (3 and 6). Injured the right leg. Sprained the right foot. Blow on the head at 330°, left. Fatty tumor on the clavicle, left, (11-½).

69. Kidney and Bladder Disease. Severe inflammation in the bladder, left, with hemorrhage (6); constipation (5); pronounced inflammation in the liver with consequent congestions in the pelvis, legs, and rectum (hemorrhoids). Observe the "bow" between 10 and 11, left (he states that in turning the head at night he becomes very dizzy). Observe the large displacement of the colon opposite 13, left, and the prominent spleen lesion (15-½), organic lesions which have displaced the heart and aggravated the heart symptoms (the heart lesion may be observed above the colon displacement). After a year's treatment with the Mattei remedies, a pronounced improvement in the bladder condition; seldom any blood passed in the urine.

70. Kidney and Bladder Disease. There is also disease of the vocal cords (8). Consulted celebrated physicians since 1898, all of whom have declared that she had tuberculosis in the apex of the right lung, inasmuch as she had had pain in that region, and the bacteriological examination of the sputum had shown the presence of tubercle bacilli. There is, however, quite a different condition. The tuberculosis is in the throat, while the pain in the upper part of chest is due to the pleura (intercostal catarrh). Local treatment of the uterus by specialists (4). The right leg has been wrenched (2).

71. The patient relates that two years previously he contracted a severe cold and had a most severe pain in the left kidney, which continued for six months. Dr. S— believed that the pain was due to gas formation in the abdomen, and gave massage for an entire month. On the 30th of May, 1902, another severe attack

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ORGAN AREAS

1—Stomach, Intestines;
2—Legs;
3—Kidneys;
4—Urethra, Uterus;
5—Rectum;
6—Bladder;
7—Back;
8—Throat, Bronchi, Thyroid;
9—Nose, Cheeks, Eyes, Forehead, Temple;
10—Brain;
11—Ear, Neck, Shoulder;
12—Lungs, Aorta;
13—Chest—Breast; Heart;
14—Arms;
15—Liver, Spleen, Diaphragm, Ovaries, the Waist;
16—Hips;
17—Abdomen;
Concentric rings and crescents—Cramp; i. e., "Broken" Nerves.

of colic. Hot poultices were applied and after four hours the pains ceased. From September to Christmas there were five similar colic attacks. On the 11th of Jaunary, 1903, a stone was passed in the urine. Somewhat different than gas!

72. Uric Acid Diathesis. Gout in legs, head, and back.

73. The patient complains of kidneys and bladder. Examination of bladder with instruments caused hemorrhage. A great deal of brick dust eliminated in urine. Pains in the back. Has had malaria and influenza (due to spleen lesion).

74. Color: dark grayish-blue with very little scurf rim (skin not very much impaired); here and there a few white snowflakes, some brown color in area of the stomach.

The Iris discloses hereditary organic defects. Both father and mother must have been in ill health. That the patient is able to survive is due to the fact that her blood is in a comparatively good condition and she has inherited a fairly good stomach. Those who have hereditary encumbrances must lead a quiet and temperate life, and never over-exert themselves.

Observe the large lesions in the kidney, bladder and the urethra (has had pains in the urethra and pus in urine for a year; the bladder had been irrigated by a surgeon, with a solution of lapis); the left knee (burned); the left chest, the left side of neck (injured), left lung (has had severe cough), and the left arm (pains); the brain (brain fag and dizziness upon arising).

When one member of the body suffers, all members suffer, more or less. Nothing is more aggravating than to see how far physicians have strayed from the truth, as evidenced by the professional signs they hang out. Here is one who is a specialist in the nose, throat and ears, another is a specialist in diseases of the digestive tract, and so forth. As though one can treat one member of the body and omit all the rest!

This false foundation on the part of the allopaths, we likewise find among the homeopathic physicians who treat in accordance

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with Hahnemann's early teachings, as evidenced by their treatment of symptoms alone. It redounds to the imperishable honor of Mattei to have relentlessly insisted that the entire body should be treated, and, by means of the strengthened organism and improved blood and lymph, heal the individual member. While the allopaths say: "If thine eye offend thee, pluck it out; if thy hand or thy foot offend thee, cut them off," the Electro-Homeopaths say: "If thine eye offend thee, pluck it not out; if thy hand and thy foot offend thee, do not cut them off, but strengthen the entire body through improvement of the lymph and the blood, and thou wilt save not only the eye but also the hand and foot as well." This is not intended as a criticism of the words of the Master, Jesus. Christ merely used a symbolism borrowed from the usages of the "Science" of His day and age. He certainly did not pluck out eyes nor cut off hands and feet, but rather he made the deaf to hear, the blind to see, the lame to walk, and cleansed the lepers.

75. Catarrh and Inflammation of Kidneys. Headaches. Original cause: vaccination and suppressed scabies (a). Albumin in the urine.

76. Kidney and Bladder Disease. Was thrown out of a wagon; thereby injured the clavicle and upper arm. Following this accident, for an entire year he had pains throughout the left side. Injured the left lower leg. Red brick dust deposits in the urine. In the year 1880, severe pains due to stone in bladder. Physicians feared that he might become insane therefrom. Has pains in the occiput.

77. Kidney Disease. Pains in the region of the navel; liver lesions; in consequence, varicose veins in the legs. Injured the left cheek. Symptoms of dizziness (10-½). Disease of the eyes (9-½).

78. Color: Pale grayish-blue with sharp yellow color (drugs) in the middle of the left eye; grayish-white spots on the Sympathetic; here and there white snowflakes near the edge, instead of light sky-blue.

The Iris belongs to a density between the second and third classes.

Among the organic lesions we observe the sign at 5 and 6, left, indicating a connection between the bladder and rectum (that there has been a simultaneous inflammation of these two organs);

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further, a connection between bladder and urethra, right, (6 and 4). Then we observe deep defects in the kidneys (coal-black defects), particularly in the right. By a study of the kidney we now begin to see a light. The kidney has been damaged by stone formation. The same has also injured the bladder and urethra. The connection between the bladder and the rectum, which at the outset appeared rather enigmatical, may now be explained by the fact that the inflammation in the bladder has involved the rectum. According to the statement of the patient he had recently been confined to bed for eight days on account of renal colic. Formerly, small particles of stone would be frequently eliminated; now there would be as many as seven small stones, and one the size of the head of a large pin. Blood in urine during the past year. Other symptoms are pains in the shoulder-blades, and headaches (uric acid).

79. Uric Acid Diathesis. Arsenical Poisoning, Hysteria (see 10-¾ in brain). Sustained a very serious injury to the left hip (16). a—displacement of a portion of the small intestines; varicose veins in legs (due to liver lesion); pains in left ovary (15-½); pains in back (7). Observe the connection between lesions in left kidney and the bladder.

80. Kidney and Bladder Disease, with Uric Acid in Brain. Has had gonorrhea and has also been operated for gonorrheal bubo (15-½, right). Operated for hernia in left groin (17-½). At twelve years of age severe injury to right chest (15). More serious injury to left chest.

81. Kidney Disease. After the Diagnosis the patient related: During the winter she fell down stairs and injured the right leg, also sustaining such a severe shock to the entire body that the right kidney became loose. During the years 1898-1899-1900 was under medical treatment for prolapsus, abscess, catarrh, and hemorrhage of the uterus. Had catarrh of the bladder at the same time. Finds that the most serious symptoms are those of the uterus, kidneys and rectum, at the present time. Has had aorta trouble (most likely through the severe fall down stairs; see X.) (Aorta trouble is represented in the Iris by a cleavage of the Sympathetic Nervous System and is accompanied by twitchings in various parts of the body—in the pit of the stomach—in an arm or leg).

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82. Kidney and Bladder Disease. Pains in the throat, with hoarseness; the right jaw has been thrown out of joint; left foot injured by a heavy iron hammer; 1,1 and 1,11 are inflammations in stomach. Has had gonorrhea; after-effect: catarrh of bladder.

83. Uric Acid Diathesis. Headache. Pains in legs. Lassitude.

84. Kidney and Bladder Disease. Stone in bladder. The bladder has been greatly damaged by stone-formation, which nearly perforated the bladder, wherefore an operation was immediately advised, in order to remove the stone. Almost furious with pains in rectum, due to hemmorhoids. (See the liver). This Plate is not quite completed.

Observe: It is not possible by means of Iridology to discover stone-formation in any organ, but one may see the after-effects of stone-formation. The reader may observe the lowest portion of the bladder (6). In this section I observed seven deep black spots. I concluded: These are the effects of seven sharp stones which are present. The man was immediately operated upon at the hospital and there were discovered just seven stones.

85. Uric Acid Diathesis, with ringing in the ears. In this naturally blue eye is to be found an inherited natural brown section (see abdomen area, left).

86. Catarrh of Kidney and Bladder. Constipation. Weakness in the Back. Brain Fag. Despondency.

The diagram is incomplete, i. e., it is not fully worked out.

87. Stone. As this stone had become imbedded in the tissues of the bladder there was a danger of its perforating the bladder wall, and for this reason I advised an immediate operation. After the operation, which, by the way, was quite a serious one, inasmuch as the stone had become encapsulated in the mucous membrane of the bladder, the patient began the use of the Mattei remedies. After a year's treatment the patient again consulted me. During the last two months he had been entirely free from stone, but he showed me three which had been eliminated in the interval. Two were of the size of ordinary peas while the third, on the contrary, was as large as three peas together.

88. Bladder Disease. The patient relates: In May, 1904, there was first weakness, then pain in urination, and later, frequent

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demands for emptying the bladder, while lastly, there was incontinence of the urine. Physicians were consulted and the result of their treatment was that eventually it was impossible to voluntarily pass urine, but, it had to be daily drawn by catheter. The Iris shows a serious enlargement of the neck of the bladder, right, with inflammation (6), and catarrh of the bladder, left (6). The left thigh has been injured, the right temple struck against a door jamb; fell down steps striking on the neck; sometime ago had albumin in the urine, associated with dropsy.

IV. Chronic Liver Disease

89. Liver Disease. The man, who is now between the age of thirty and forty years, had, for a long time, a malady which no one understood. As a child he fell and injured the right side. Since that time he could not even step down from a footstool. Famous physicians thought that he had sprained one of the abdominal muscles. Only after a Diagnosis by Iridology was the riddle solved: The liver was injured, something in that organ had ruptured. That a person with a disorder of this kind would become despondent is not to be wondered at; particularly as he was the son of a rich and happily-married couple.

90. Liver and Rectum Disease. Patient is seventeen years of age. In February, 1904, there was a severe diarrhea with blood, and after that there was a constant desire for bowel movement. In March, 1905, a bloody diarrhea, and later, polypus in rectum. In May, 1905, the polypus was operated. In September, 1905, again bloody diarrhea. As a child, there was a discharge from the left ear. In March of 1905, there was a serious inflammation of the intestines; treated by ice bags and rectal injections. 15-½, is the liver; 3, the kidneys, catarrh in the right kidney. 4—6, urethra and bladder, incontinence of the urine.

91. Liver Disease and Constipation. Greatly impaired digestion (sensation as of a lump in the stomach); inflammation in appendix; sensation of cramps in the brain (if the brain is overworked there is a sensation as of a "twist in the brain substance"). Inflammation between the ribs on left side (this is an intercostal inflammation, which caused the patient to believe that he had heart trouble). There is red brick dust deposit in the urine.

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92. Diabetes. The patient relates that during a serious economic crisis at which time he lost his entire fortune, diabetes set in; during this critical period he was constantly angry. This hindered normal respiration, with the result that the blood was not properly oxydized, and this caused a disintegrating effect on the liver (15), and thus diabetes was at hand.

93. Diabetes. (15-½, the liver, on the 7th of June, 1905). Above, at the edge of the diagram may be seen the appearance of the liver on the 24th of October, 1905. At that time, analysis showed there was no more sugar in the urine. Then starchy foods were included in the dietary, and still there was no sugar present. His own physician, who did not know that the patient was using the Mattei remedies, was overjoyed because of the successful cure. Fifteen years previously the patient fell down stairs and injured the right knee so seriously that the knee cap was displaced (See 2, right). In 1868, he had a serious inflammation of the intestines, continuing four months, pains in the appendix (a).

N. B. The most serious form of diabetes may be detected by the bodily odor of the patient,—the acetone odor, somewhat resembling the odor of vinegar.

94. Diabetes, due to Liver Disease (15, right). Strong odor of acetone. The rectum (constipation); lesion in pleura (13), left. Observe the connecting line from 13 to 15, left Iris (indicates that both these organs were simultaneously involved), the same is true with regard to the connecting line between the left kidney, rectum, and bladder (3-5-6). During a severe confinement there was a rupture of the perineum (4).

95. Diabetes. The disease could easily be detected by the strong odor of aceton. The patient was in a dying condition, and passed away three days after the Diagnosis. The patient could not endure the diet prescribed by the physician (with regard to diet, Electro-Homeopathic treatment agrees with diet prescribed by orthodox physicians), in view of the fact that the stomach was in a very serious condition; nearly the entire mucous membrane had been sloughed off. It was unfortunate that this maiden, twenty years of age, should have been in this condition, as she had originally an excellent constitution, and aside from the foregoing, had no serious organic lesions. The liver is worthy of study. It shows inflammation (not dangerous), and two deep

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black spots (loss of substance and bacteria development). Had she come for treatment a year earlier she could surely have been cured, but she sought help in Leipzig, and in Switzerland with van Noorden, instead of with Mattei.

96. Chronic Liver Disease, 15-½. Serious Hypochondria. A new diagram of the liver was made April 20, 1903 (see upper right-hand corner). a—is appendix.

97. Cancer of the Liver, (15-½, right), and in the orifices of the stomach (α and β); lesion in rectum and bladder, making it necessary first to urinate before a bowel movement is possible. The patient died twenty days after this Diagnosis, without trying the Mattei remedies.

98. Incipient Cancer in Stomach Orifices (α and β), and Liver. In the beginning of the Mattei cure the patient was frequently very ill. In general, however, there was improvement—see special Diagnosis at the edge. I have never seen so rapid an improvement in Iris color as occurred in the case of this man. In 1902, the Iris color was gray, with greenish shadings, and yellow, brown, and reddish-yellow spots. In 1910, the color was quite a pronounced blue with only faint traces of the frightful drug poisoning.

99. The patient relates: Ill for four years; during the past year had lived in Stockholm in order to have the best medical treatment. Every evening had had high temperature (102 to 104). The physicians believed that this was due to the kidneys. No one suspected the liver.

Began to use the Mattei remedies after the Diagnosis. Two liver cysts were eliminated within a short time. When she had the second headache, she ordered the nurse to call a doctor to stop this pain. He came and suppressed the headache, and the fever ceased. A week after this she was a corpse.

100. Cancer of the Liver. An exploratory incision in the abdomen was made in order to diagnose the disease. Thereafter I was called to make a Diagnosis by Iridology. The patient died a month later.

V. Chronic Spleen Disease

101. The patient has a very good stomach, and is able to digest almost any kind of food. She complains, however, of a severe pain in the pit of the stomach, and all physicians whom she has consulted have declared that she has a serious catarrh of the stomach.

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The Diagnosis from the Eye shows that the cause of these pains is the Solar Plexus (see "o" near the spleen).

Aside from this, she has suffered from influenza. The spleen is the primary electric dynamo of the body; the source of warmth, vitality and well being. If the spleen is affected one becomes sensitive to cold, is weak, despondent and is "splenic." Malaria and influenza are spleen diseases. Lung ailments are never more difficult to cure than when complicated with spleen lesions. If a patient has a spleen lesion this should receive primary attention in prescribing for any other malady that may be present, as the spleen is the keynote to the entire situation.

102. Spleen Disease, with susceptibility to all other ailments. The patient has had a severe catarrhal ailment of the ear. Abscess in the ear has been removed operatively (11, right). Has suffered greatly with bloody diarrhea (5), bronchitis (8), and catarrh of lungs (12).

103. Spleen Lesion (15-½, left). Has had an incipient tuberculosis due to a serious spleen lesion. As a result of a swamp-fever contracted in America, the ailment developed into consumption. Dr. Burnett has stated that no lung ailment is as dangerous as when associated with spleen disease, directly or indirectly. The spleen aids in purification of the blood, and, if out of order, the patient loses ground, for it is a good quality of blood which heals defective organs.

104. Severe Spleen Disease (15-½, left). Takes cold very easily. Has had influenza many times.

Has been told, that as a babe, she fell out of the cradle, striking the back of the head. She is fortunate that the injury was well healed, otherwise it would have developed into epilepsy (10-¼). Once fell and injured the back (7). Complains of intestines.

VI. Chronic Disease of Sexual Organs

105-106. Has had gonorrhea (4). As an army officer has had many experiences and sustained many injuries. The conspicuous defect in the diaphragm (15, left) was due to boxing. Most of the defects in areas of abdomen, back, chest, and head, the patient believes, have been acquired as a result of boxing bouts.

It was very interesting to meet an English professional boxer and make a Diagnosis of his case. Like this officer, he was a broken man; hence, Iridology unconditionally condemns pugilism.

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Boxing is a violation of the Fifth Commandment. It should be especially noted that it has been proposed to install boxing in the curriculum of the public schools.

107. Has had gonorrhea (4). Observe the sigmoid flexure. Heavy catarrh. On his return home after this Diagnosis, he wrote me that his father desired that he consult a foreign specialist. I replied, "That is unnecessary, as I can inform you what the specialist will say, namely, that you are suffering from neurasthenia in a severe degree; and after that you will be just as wise as you were before. Frankly state to your father what your trouble is (i. e., gonorrhea), and treat your case in a rational manner, and you will soon be well." And I was correct. After a year's treatment, the eye showed that most of the catarrhal lesions had healed.

We observe the connection between the kidney, rectum and bladder, left, (3-5-6); 30°, right and left—neck and cerebellum, right and left;—"the primary source of the existing nervousness and restlessness," as stated in his Diagnosis Synopsis, is the lesion at 4. "It is important that 4 (i. e., gonorrhea) be treated continually for a period of several years, in order to prevent more serious organic defects in the spine (spinal cord destruction), and in the brain." Has received a heavy blow on the chest, followed by flow of blood.

108. Gonorrhea.

Our Remarks:	The Patient's Statements:
1. The Urethra	Venereal infection, and after many months of treatment is very weak.
2. The Brain, at the Organ of Will	Is unable to work, weak willed.
3. The Spleen (15-½)	Lassitude, despondency, restlessness, anxiety, splenic.
4. The Rectum	Constipation.

Complains of lassitude; of the brain (the expression of the eyes is furtive and timid); the stomach; the right knee (pain), rheumatism at intervals in left leg; constipation; now and then catarrhal discharge from the urethra.

109. Has had gonorrhea. This patient, sixty-five years of age, relates that for the past ten years there has been an increasing paralysis tendency with regard to speech and locomotion. Professor Lenmalm was of the opinion that the seat of the

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trouble was in the brain; Dr. Westerlund pronounced it arteriosclerosis. In Wiesbaden there were ten physicians who were in a quandary over this case. Eventually they decided that it was syphilis and they prescribed inunctions of mercury for the patient.

What is the verdict of Iridology? It discloses that there was originally a rupture of a small blood vessel in that area of the brain which is the seat of left-sided paralysis, and furthermore, that as this rupture was merely a light apoplectic attack, the man's strong constitution has been able to counteract this by forming calcium deposits at this point. However, as these walls of calcium gradually increased in thickness they exerted a pressure on the neighboring tissues. Then paralysis appeared, affecting the tongue and the left leg. 12-½, is the lesion in the brain. 11-½, is the tongue.

The man had three apoplectic attacks. However, the strong constitution prevailed over these attacks, and the man lived five years following my Diagnosis.

He suffered also with weakness of the bladder and rectum.

110. First Class Constitution. Brown-eyed (Hebrew). Has had gonorrhea and sansclou (4). The black lines (1, 2, 3, 4, 5, etc.) are merely signs of "creases" of the Iris. One very frequently finds these conditions among brown-eyed people. Broken nervous system.

111. The patient, approximately forty years of age, appeared to be quite strong and healthy, but the expression of his eyes, however, was so furtive that I feared he was on the verge of insanity. However, as I made a provisional examination of the Iris in order to discover the seat of his seeming despondency, I found that the Organs of Will and of Intellect were quite intact. What, then, was the cause of the man's worried appearance? It certainly could not be a threatening insanity. I carefully examined the area of the sexual center in the brain. There I found lesions, as well as in the urethra; the signs were not so pronounced that they could justify the depressed attitude of the man. Then I recalled that Julius Hensel, in his book "Das Leben," stated that buboes are invariably accompanied by a pronounced influence on the mental attitude of the patient and a profound despondency is one of the psychic signs of this ailment. I then examined for signs of buboes, and these were present. Now I understood the depressed and anxious expression of the patient, and had a clear conception of the situation. After that I completed the Diagnosis.

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After the Diagnosis, the patient's statements corroborated my previous impressions, and he declared that the cause of his despondency was gonorrhea and buboes. The man further stated that the buboes had been suppressed by drug treatment. Following this, there appeared eruptions on the face, and after that, his spirits became greatly depressed. Then he began to consult various physicians who declared that his trouble was neurasthenia. I asked him if any physician had connected his ailment with buboes. But no, not one had done so, but he, himself, had stated to a professor in Stockholm that it was his belief that his malady was attributable to the buboes.

112. Has had gonorrhea. Seven years previously fell from a bicycle and injured the left chest. Still has pains in that region. Ten years previously he had a fall which injured the back, on the left side, so that he was confined to bed for two weeks. Fifteen years previously he fell and injured the diaphragm.

113. Color. In part, grayish-white, in part, dark-violet, with here and there a white snowflake (arsenic), antifebrine on the Sympathetic. The most prominent white signs shown on the diagram indicate mercury, which has not yet become deposited at the edge of the Iris.

Density of the Iris is coarse (fourth class).

Most remarkable eyes. We first observe the faint, dark-violet color in the left Iris from 60° to 145°. This is not a catarrhal sign, as it is not sunken below the surface of the Iris, but is a part of the original natural color. The color here, however, is not that of the ideal blue, nor yet of the inferior brown; neither is it a yellowish color, nor the black or dark-brown color, one of which is usually found. The negroes whom I have examined had brown eyes; Chinese and Japanese, yellowish-brown; Chinese children which I examined in Copenhagen in the year 1900, had dark brown eyes; none of these had eyes the color of this man's, and some portions of the Iris are practically colorless, with the exception of a white line here and there—the lines of the "organ bows." This "colorlessness" must signify weakness. Something similar is found between 90° and 120°, right Iris. Is it possible that the heavy mercurial treatment which he had recently undergone and which had suppressed his syphilis, had contributed to the color of these areas? I dare not at this stage venture an opinion as to this. I have never before seen eyes like these. At the outset, I had thought that they were artificial eyes, and when

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the patient informed me to the contrary, I was rather inclined to doubt his statement. However, I was soon convinced that they were real. This much is certain: that there was considerable weakness (not as pronounced as in catarrh) in the left lung, the chest, the arms, the spleen, the diaphragm, the bubo, left and right.

We further observe the signs in the areas of the neck, brain, back, and left leg.

The patient complains of lassitude in the entire body, weakness and atrophy of the right arm.

114. Has had gonorrhea (4). Complains of the stomach, intestines and rectum. Has sprained the right arm, and after that, stiffness of the elbow joint set in.

Color: Light grayish-blue with a reddish spot (suppressed scabies, 17, left), a few white snowflakes (arsenic), violet-grayish-blue in the area of the stomach, antifebrine on the Sympathetic Wreath, gray (zinc), instead of sky-blue, as it could have been.

Fine density of the Iris (second class).

Synopsis: Originally a good constitution and excellent blood. Through venereal infection (gonorrhea and suppressed chancre), and as a result of drug poisons, he has been greatly injured. Observe the connection between the urethra and the bladder (inflammation of the bladder due to venereal infection). Defect in the brain at 10-½, (in accordance with his statement he was thrown from a train, in 1875, and injured the head very seriously —a short time after this an epileptic attack appeared). Pains and ringing in the ears. Had most severe headaches. Asthma symptoms. Could not decide to take the Mattei remedies, as the treatment appeared to be too much trouble. Died in 1907, or early in 1908, at a cold-water-cure establishment.

116. Syphilis (4). Bladder lesion resulted because of defect at 4. Dangerous inflammation in the brain (10-½), which may cause an apoplectic attack. Mercury was used for the syphilis. Other defects in rectum; the liver, 15-½. Rheumatism in both feet.

He died in 1911, at the age of forty-five. According to a newspaper account, he journeyed to Germany, in 1910, to seek treatment (Ehrlich-Hata-treatment? L.). After that, the once strong man became very ill, and, according to a newspaper account, died of an internal hemorrhage. Mercury has the effect of making the blood-vessels very brittle. In 1904, he used the Mattei remedies

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for a period of three days, following the Diagnosis. He and a friend became infected with syphilis at about the same time. The friend, however, became despondent and committed suicide.

117. Syphilis. Observe the connection between the urethra, bladder and kidneys.

VII. Chronic Throat, Lung, and Pleura Disease

118. Throat and Lung Disease, with effusion into the left pleura.

The patient has weak eyes. (Pressure on the optic nerve; causing flashes of various colors to appear before the eyes; the pupil is greatly enlarged).

Has had a tumor (sarcoma), on the inner side of the left thigh, and which was removed by an operation. Difficulty in urinating. Has frequent attacks of lumbago (the transverse defect in the back indicates an external injury). Has overlifted, and strained the abdomen (17). The diagram is not completed; this was for the purpose of giving the reader an idea of the manner in which these plates are prepared. There is first a rough draft in lead pencil, which is filled in with India ink, and lastly, it is engraved.

119. Has had catarrh of the lungs. Also catarrh of the kidneys. There is still considerable trouble in the region of the bladder. Dizziness and lassitude (due to the great amount of catarrh).

120. Disease of Lungs. Has had pneumonia, involving the upper lobe of the left lung. This was so poorly treated, that the man could not obtain life insurance. The right wrist was crushed but was, nevertheless, so well healed that he can make use of the right hand (14, right).

Has had gonorrhea. Injured left hip.

121. Has been troubled much with coughs. Has had gonorrhea. Arsenic Neurasthenia. Uric Acid Diathesis. For the past three years, hard of hearing (11-½).

122. Asthma. Cramps. The end organs of the nerves resemble an hour glass broken in two in the middle, and are brought in contact with each other by fine nerve filaments. As a result of fright, anger, and giving way to passions, the "connection" is broken. A trembling of the organism occurs, even as a result of an ordinary fright, or being slightly startled. Cramp or nerve rings are quite usually found in brown-eyed persons, and they are

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frequently inherited from the parents. Furthermore, brown-eyed individuals are also very easily excited. We advise all who have these nerve or cramp rings to cultivate self-control, as there is otherwise danger of shattering the large nerve plexuses. In this case there is also a weakness of both eyes. A minor varicose vein due to liver disease. The rectum (formerly constant diarrhea; at present constipation). Skin eruption since early youth. It may here be timely to explain the nature of skin eruptions. Our skin consists of six-sided plates of luecine. When the skin is in good condition these leucine plates are daily sloughed off and renewed. If the blood is heavily encumbered, and there is consequently a defective electric tension, the leucine plates are retained instead of being eliminated, and a skin eruption is at hand, accompanied by bacteria. The medical profession, however, attribute the cause of the skin eruption to the bacteria, and apply ointments and corrosive sublimate to kill the bacteria, and thus the patient is poisoned. Instead of this, the physicians should reason thus: Here it is incumbent to strengthen the inner organs of the body and thereby produce a good quality of blood and a good electric tension, when the body will, unaided, slough off the skin eruption.

123. Throat and Lung Disease. Arsenic Neurasthenia. Dizziness (10-½).

124. Serious Catarrh of the Lungs with Hemorrhages, which occurred during 1872 and 1888. The black spots, which in reality are reddish-brown, are signs of suppressed scabies.

125. Asthma. In the left lung, I counted fifteen white lines in the upper lobe, and twenty in the lower. Genuine asthma is in reality a chronic inflammation of the lungs. The left breast (13-½), has been removed by operation.

126. Lung Disease. The lower lobe of the right lung has caused hemorrhages.

On one occasion while he was a landlord, he was surprised early one morning to find that one of his tenants was preparing to leave, taking his belongings with him, but without paying his bill. On remonstrating with him the tenant kicked and bruised him, to such a degree that the landlord was disabled for an entire month (see connection between scrotum, rectum, and bladder, left); (scrotum, right, is 4-½; left, 5-½). Aside from the foregoing, he has sustained many other injuries, as, for instance, a trunk in falling, struck him on the head (see10-½—a dangerous point for an

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injury, as it is the area of the Organ of Will, 330°, right). He believes that the injury to the neck may be traced to the accident of the trunk falling on the head. He has fallen on the ice and injured the back. Had pains in both limbs, uric acid in the urine; the urethra was likewise injured when he was kicked; at intervals is dizzy (consequence of a blow on the occiput); has had catarrh in the right ear.

127. Asthma. Trouble in legs and back.

128. Lung Disease. Pneumonia, in 1874; confined to bed one week, but required a long time for convalescence. Since that time has had a dry cough and lack of appetite. Two years ago a severe morning-cough set in. Has been knocked from pillar to post among physicians, hospitals and sanatoriums.

129. As a young man, had pneumonia and lay for two days in a very uncomfortable bed; was so seriously ill that he was carried to the hospital. He recovered, but still has a weakness in the right lung (12). Has had malaria (15-½,—spleen). Disease of lungs is very difficult to heal when complicated with spleen lesions.

130. Color: Light-blue with white snowflakes (arsenic); a violet color (iron), in stomach area; gray (zinc); and dark scurf rim, instead of light sky-blue.

The Iris indicates hereditary organic defects of intestines (sixth class constitution), while the outer parts of the Iris belong to the third class, and the stomach area to the second class.

Owing to the good quality of blood and a comparatively good stomach, the patient has been enabled to survive. While there are the signs of drugs such as arsenic, zinc, etc., the original blue color is still discernible.

Those with hereditary organic defects should live a quiet and well ordered existence and avoid excesses of all kinds, especially in venere et vino. Has had gonorrhea. The most pronounced organic lesions visible to the naked eye: in the kidneys (uric acid diathesis); observe the deposits of sodium-urate in the brain (i. e., gout); the throat (tubercles); the lungs (healed catarrh); rectum; spleen; clavicle, left; abdomen, leg, and kidney connected, on right side (i. e., indicates a connection between these organs, and that they were all simultaneously involved); the intestines.

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Organ Areas Involved	Patient's Remarks:
1. Stomach	
Intestines (large defects)	Yes.
2. Legs	Injury on left leg.
3. Kidneys	Seriously affected, catarrh, uric acid diathesis.
4. Urethra	Gonorrhea.
5. Rectum	Constipation.
6. Bladder	Inflammation in bladder when gonorrhea was active.
7. Back	Weakness, fatigue.
8. Throat, Bronchi	Tuberculosis.
9. Nose, Jaw, Eyes, Temple, ...	Coryza.
10. Brain	Yes.
11. Ear, Neck, Shoulder ...	
12. Lungs	Has had cough.
13. Chest	
14. Arms	
15. Liver, Spleen, Diaphragm, Bubo, ...	
16. Hips	
17. Abdomen	

At present complains of throat, kidneys, back; furthermore, lassitude, and debility. Appears weak and emaciated.

131. Diagnosis, made November 25, 1906, of my beloved wife. We have two children, both of whom belong to the second class constitution. A previous Diagnosis of my wife made the 25th of February, 1903, is as follows: The constitution is weak, and, with the exception of the brain area, belongs to the fifth class. Very large and serious organic lesions in stomach, left lung and

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pleura, kidneys and rectum. Sustained a severe injury at 11, left, which was nearly fatal. Frequently has pains in that area.

The most serious lung ailments are those accompanied by gray, green, and bloody expectorations. Patient is very emaciated; the hands are of a bluish-white color, and almost transparent.

I informed the patient (she was then twenty-five years of age) that if she could live until the Spring, she would be healed. During a period of four months I struggled for her against death. Eventually I triumphed—love triumphed.

132. Disease of Lungs and Left Pleura. Had received a severe blow on the head (10-½).

Has had gonorrhea (4), sansclou (4-½). Bubo (15-½, right).

133. Inflammation of Pleura. Uric Acid Diathesis. Gout in brain. Died shortly after the Diagnosis, of tuberculosis.

134. Asthma, as a result of mistreated pneumonia, together with a great deal of catarrh of lungs. The man is a locomotive engineer. Very bad condition of stomach (α, β, γ,=leucine deposits —cancer, δ=catarrh). Died two months after the Diagnosis, of consumption, under drug treatment.

VIII. Chronic Disease of the Breasts (Cancer)

135. Tumor of Mammary Glands, with Inflammation in the left Breast; patient twenty-five years of age. Ailment now healed.

136. Cancer. The right breast has been operatively removed —skin was grafted on the wound from the operation, and for this purpose, was taken from the right thigh, from an area the size of a double hand-breadth (see right thigh area). Inherited defect in left leg (father limped with left leg). Has bleeding hemorrhoids (5); double cramp or nerve rings, in the brain; the liver (inflammation). Right ovary and diaphragm. Tumor in upper part of chest, and in armpit, following operation.

137. Tumor of Mammary Gland in left breast. Patient forty-five years of age. Tumor now healed.

138. Color: light grayish-blue with scurf rim (defective skin action), metallic glint in upper part of Iris (mercury), a reddish-yellow spot (iodine), instead of light sky-blue.

Iris density is very fine—first class constitution.

Originally a most excellent constitution, belonging to the first class, with a splendid quality of blood. She then acquired the scurf rim, with the well known after-effects, such as an increasing

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softening of tissues of the body (i. e., catarrh). Lack of calcium and sodium in the body impelled Nature to make use of a gelatinous material (luecine), as a healing agent, with the following consequences: Cancer, the last doubtful effort on the part of Nature to prevent destruction of tissues. As the physicians who were called on the case did not understand the significance of this process, they operated and removed the entire left breast. The catarrhal deposits then gathered in the left arm, causing a great deal of pain, and the physicians then prescribed morphine injections for this symptom. As there are also catarrhal defects in the Organs of Will and Intellect, I deemed it wise not to advise the use of the Mattei remedies, as more harm is done by one patient dying, than can be counteracted by 99 cured patients.

The signs in the limbs indicate that there have been congestions of blood in this region. The pronounced inflammation in the gall bladder shows that the patient has had jaundice and gall stones.

Lastly, we observe that there is scarcely any indication of catarrh of the stomach—a very rare condition in this age of gastric catarrh. Originally very strong—a genuine Norse maiden, but now sacrificed as a result of vaccination, drug poisons and operations. She died in a week following the Diagnosis.

139. Cancer in Left Breast (13-½).

Synopsis: Blood very deficient in calcium, sodium, iron, and red corpuscles; pernicious anemia; consequently, it is a difficult matter for Nature to heal the catarrhal lesions present, as only leucine is available for this purpose. But when Nature utilizes luecine (which is a gelatinous substance), as a healing factor, cancer appears. Cancer, in its incipiency, is Nature's last doubtful effort to prevent destruction of tissues. Failing to aid Nature by quickly supplying the blood with a plentiful quantity of calcium and sodium, through a well selected dietary, the luecine deposits fail in their purpose; the cancerous tumor degenerates and the patient soon succumbs. Hence, it demands that the blood be liberally supplied with calcium or lime. This, however, is not effected by the use of unorganized calcium, or by drinking lime water, for this would only hasten the end. The calcium must be administered through our food, but that is easier said than done. As a result of fertilizing the soil with manure, guano, chile saltpetre, and similar nitrates, an excess of nitrogen occurs in the soil, and this excessive amount usurps, in the vegetation, the place of cal-

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cium. As long as we are supplied with grain grown on virgin soil, not fertilized with nitrates, conditions may be quite tolerable, but eventually cancer will be the rule rather than the exception, unless the soil is fertilized with mineral elements.

In my youth I read an article to the effect that the English Government had purchased, for an enormous sum, the secret of preparing a remedy with which an Englishman was reputed to have cured a great many cases of cancer, and after the secret had become known, the medical authorities proclaimed it to be a humbug. Its chief constituents were pulverized snail shells. The remedy, however, was consigned to oblivion. I would not advise anyone to try to use such a remedy. We Electro-Homeopaths, as well as the vegetarians, hold that the elements for healing disease are contained in food, and above all, in bread, which contains not only carbonate of calcium, but also phosphate and sulphate of calcium. I hear frequently the question: "Inasmuch as our food alone contains the elements for healing disease, why in the world do you use the Mattei remedies? The Mattei remedies are, chemically speaking, 'sugar, starch and water' but as such, are too expensive." This 'sugar, starch and water' are radio-active elements of positive and negative ions and electrons. They act on the nervous system as tonics and as sedatives, as may be indicated. In this way, the appetite is increased and the digestion is improved, and accompanying an improved assimilation of nourishment, better blood is produced; consequently it is the improved blood which is responsible for the healing of disease.

Apropos of "sugar, starch and water," this is an expression which ignorant chemists so frequently hurl in one's face, and one chemist has had the hardihood to affirm before the Supreme Court that the Mattei remedies are nothing but "sugar, starch and water." Is it not the irony of fate that the brother of this chemist, suffering with cancer of the stomach and liver, came to me in secret, and, begging me to treat the matter confidentially until later on, asked for help in his case? By means of the Mattei remedies he was thoroughly cured of the cancer of stomach and liver. Oh, Fate!

The woman, fifty years of age, above mentioned, died a painless death, but without using the Mattei remedies, nine months following the Diagnosis.

140. Cancer of the Left Breast. The patient complains also of pains in the left abdomen (17-½).

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IX. Chronic Disease of the Spine

141. Pains in the Back (Gout—Uric Acid Diathesis). Arsenic Neurasthenia. Dark scurf rim. Gouty deposits and catarrhal defects in brain (10-½), with pains (due to gout), and pressure (due to catarrh).

142. Spinal Curvature (7), as a result of vaccination. Right eye injured by the point of a parasol (9-½).

143. Color: Pale grayish-blue with yellow around the Sympathetic, and around the lesions in the abdomen, the kidneys and urethra, right Iris, and with a broad, completely surrounding scurf rim (defective skin action), instead of light sky-blue, as it could have been were it not for vaccination and drug poisons.

Iris is fine, belonging to the second class.

Synopsis: Originally a good constitution and excellent blood. Then the scurf rim was acquired, indicating a very seriously impaired skin action. The consequences: 1. defective oxydation of the blood; 2. high blood pressure with nervousness, restlessness and anxiety; 3. inflammations (symptoms: pain), and catarrh (disintegration and destruction; symptom: weakness), in internal organs, such as the stomach, kidneys, etc. Aside from those defects in the area of the back, there are no serious organic lesions.

With regard to the back, we observe catarrh in the lower part of the spine, left and right; from the lower part of the spine a white line extends to the upper portion (spinal cord), on either side of this line are to be found black spots; in the area of the sacrum is a pronounced inflammation, on the right side of spine.

The patient relates: Four years previously, and three months following the birth of the first child, she noted a weakness in the back, particularly when lifting. Two months later, pain in a vertebra at about the middle of the back. Two years later another confinement, and for an entire winter, most excrutiating pains in the back. Was confined to bed for one year. Two vertebrae were so displaced that in changing the position of the body it caused pains in both sides. Treated by two medical men, but without avail. Two months before this Diagnosis was made the lady began to use the Mattei remedies and she was sufficiently restored to be able to be up and about. After the Diagnosis I advised her to rest in bed, and on the 3rd of May, her husband wrote: "I

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would first beg your pardon for not writing earlier, but we have waited so long in order to be able to give as definite information as possible. It is now about two months since our consultation with you. The first month, my wife was in bed continually, and we applied the external applications morning and evening. The first month there was no notable improvement, but beginning with the second month, my wife was able to be up for an hour or two, which was gradually increased until the fourth week, when she could be up and about the entire day. A number of symptoms, to our great joy, have now disappeared. She can now more easily move and control the limbs. The pains in the side which had manifested themselves on changing the position of the body, have disappeared. The abdominal pains have practically disappeared. During the past four weeks I have feared a return of the original symptoms, making it necessary to again consult you in person, but the pains only appear when she is more active than usual. The diseased vertebrae are yet sensitive to more or less pressure." This case is now entirely cured.

144. Spinal Cord Disease. This is the most serious of all diseases of the spine. Contracted spinal disease as a result of syphilis. Has been treated in Paris and Sweden. In Paris was treated by the Charcot "stretching method." Nothing was of any avail, for the reason that a portion of the gray matter of the cord is missing, (see the deep, round, black spot at 7). Paralyzed in both limbs, but is able to drag herself forward with the aid of her arms. A youthful life, wasted through her own indiscretions and by the ignorance of medical men. Died in 1910, without having tried Homeopathy. (She went to Paris to study for Grand Opera. On only one occasion did she desert the path of virtue, and the mischief was done.)

145. Spinal Cord Disease. Syphilitic patient. The light color is mercury. Paralysis of limbs. Claims to have contracted syphilis through medical treatment of the right thumb, which he had bruised. The urethra, however, discloses the syphilis sign.

X. Chronic Disease of Heart and Aorta

146. Color: Pale grayish-blue with white snowflakes at the edge (arsenic), a reddish-yellow spot (iodine), pale grayish-yellow and gray in stomach area (iron, quinine), sign of uric acid diathesis (i. e., 10-½ and 10-¼), instead of light sky-blue.

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Density of Iris is that of the third, or ordinary class.

Originally a good constitution, and a very good quality of blood. Now vaccine and drug poisoning are present.

We note the right leg, concerning which he related, after the Diagnosis, that at the age of seven or eight years, the leg was seriously injured; swelled to such an extent that it was planned to amputate the limb; his mother feared to have the operation performed and journeyed with the boy to Finland, when the leg got well. After a time an abscess appeared at the knee, and following this, he was quite well for a period of two years, when the limb again pained and swelled; then physicians were consulted for a period of a year in the effort to determine the nature of the ailment. Will the reader examine the area of the right leg (2). Here, in the upper part is seen the sign of the healed head of the femur; below this is catarrh of the bony structure of the thigh, with a closed defect in the middle portion (the knee); below this we observe the lesion considerably broader than above (an indication of a more serious involvement), as, the wider, the more serious; here is present a catarrhal encumbrance in the musculature and in the bony structure. If the catarrh is not checked there will finally result tuberculosis of the bone and disintegration in the muscular tissues. The development of this trouble was as follows: 1. Inflammation, 2. Chronic inflammation, 3. Catarrh. The end may be tuberculosis of the bone, gangrene and operation.

The left leg shows a small mark, due to a blow on the tibia or shin-bone, as well as pronounced inflammation in the thigh, with accompanying pain.

We observe the connecting arc between 9 and 10, left. Nature is endeavoring to prevent destruction in the Organ of Intellect, in which destruction is imminent (softening of the brain), by the deposit of gouty elements, urate of sodium. Following the Diagnosis, the patient informed me he feels fatigued in this part of the brain, and also has pains in the occiput (10-½, right, the sexual center of the brain—abnormality of the sexual life). The kidney defects manifest themselves by frequent red brick-dust deposits in the urine. Furthermore, the patient complains of the stomach, the intestines, the aorta (see the coal-black, deep spot at X). Has been greatly troubled by cough; the sign in the chest area is due to injuries sustained in boxing. Severe pains in the muscles of the neck; an injury to the upper arm, left.

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147. Heart Trouble. See 13, left (cleavage of the Sympathetic) ; 9-½, is a sign of a serious injury to the temple, the shock of which was so severe that blood flowed from the right ear (11, right) ; 15-½, right, indicates pain in the right side and on the inner half of the intestinal tract. (Inflammation, compare Plate 61).

15-¼, left, is a connection between the spleen and abdomen. 2—3, is the connection between diseases in the right leg and right kidney. 13—14, left—fell from a bicycle and injured the left arm and chest.

148. Heart Disease (13x). At the age of eight, fell out of a tree, striking the back of the head (10-½), causing unconsciousness. Revaccinated in 1876, with nervousness immediately following. Headaches (uric acid). A "feminine" man, compare Plates 56 and 160.

149. Heart Disease. The occiput. Four years previously had sustained a fall which so seriously injured the occiput that the patient was confined to bed for four months. (See 30°, right and left, as well as the neck, left (11) ;had very nearly broken the neck. For the past ten years weakness and ringing in the ears, with partial deafness. Bladder difficulty frequently present. Beginning many years ago, had consulted renowned physicians with regard to stomach trouble. Gas formation in intestines has a disturbing influence on the heart.

150. Aorta Lesion (X). Uric Acid Diathesis, with headaches. Three nerve rings in region of brain (seems as if something in the brain is "twisted"). Has had acute inflammation of the brain. The deep, dark spots are signs of suppressed scabies. Suffers with gout. Pains in right ovary (15-¾). Varicose veins in right leg. (Compare liver condition). Inflammation in spleen (15-½).

With regard to the heart lesions, the reader is perhaps somewhat surprised to observe so minute a sign as indicating heart trouble, but this demonstrates that bona fide organic heart trouble is a rarity. While it is true that there are physicians who would declare that nearly everyone is affected with heart trouble, Iridology does not agree with them, nor with statements of so-called Heart Specialists. In this connection, Dr. Schmidt-Storjohann of Stockholm, related that during a convention of physicians, Professor Ribbing of Lund had delivered an address in which he set forth the contradictory Diagnoses of heart trouble made by physicians, and urged that diagnoses of heart lesions demanded a

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more thorough and painstaking effort than had heretofore been given. Thereupon Dr. Schmidt-Storjohann demanded the floor. He was in full agreement with the previous speaker, but would merely add that the reason for the contradictions among physicians with regard to diagnoses of heart trouble, lay in the fact that physicians have a false conception of the action of the heart and its mechanism. At this point he was prevented from speaking further.

As a further corroboration of the statements in the foregoing, we submit an instance. In the year 1902, an elderly lady consulted me, who declared that according to Dr. L— of Stockholm, she was suffering with enlargement of the heart. At the time of the diagnosis the doctor had greatly deplored the case and stated that she had not very much longer to live—that her heart would eventually rupture and burst, and that nothing gave greater pain than when the heart ruptured. When the patient heard this she was overcome with despair and fell into a chair, the doctor trying to soothe her as best he could. Such an interesting case I had long hoped to find, and I grasped my magnifying lenses with the expectation of making a great discovery. Without saying a word I very painstakingly studied the heart area in the Iris; at last I was sure of my ground and said to the patient: "You have merely a very insignificant valvular trouble, while on the other hand, you are suffering with a much graver ailment—tubercles in the pleura, from which I, too, am suffering. The pains in the back are not due to the heart, but to the tuberculosis in the pleura." Never had I been so astonished over a discovery. Thereafter I said to the lady, that inasmuch as my Diagnosis was diametrically opposed to that of Dr. L—, she should not necessarily take it as the final word, but should consult at least two other physicians, whomsoever she would—the most renowned in Stockholm; she should mention neither the diagnosis of Dr. L— nor my own, but merely complain of heart palpitation and the pain in the chest, and obtain the prescription of both physicians. The lady was agreeable . On the third day she returned, after having consulted two prominent physicians and received their prescriptions. Both had declared that there was nothing serious in connection with the heart, and one had detected a slight lesion in the lung. Both prescriptions included iodine, but neither included digitalis. Thus the diagnoses of two physicians agreed with The Diagnosis from the Eye, and indicated that Dr. L—'s diagnosis was wrong, but

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neither had detected the trouble in the pleura, which is not surprising, for with the ordinary diagnostic methods it is practically impossible to discover any lesions in the pleura unless there is effusion of pus or fluid into the pleural cavity. Thereupon I requested the lady to relate her experiences in order to discover how she had contracted the tubercles in the pleura. She related that while engaged in the care of a large house, she contracted influenza, and was bedridden, but compelled by pressure of work to get out of bed on the fourth day, in spite of the fact that she was sick unto death. This continued for a few days, when she was compelled to leave the place, and was then bedridden three weeks. "What disease did the doctor say you had?" I asked. "Pleurisy," she replied. Pleurisy is an inflammation of the pleura with an effusion of fluid and pus, and the latter is usually of a tubercular nature, as in my own case. The patient began the use of the Mattei remedies, and was not treated for heart trouble, but for tubercles of the pleura, and has survived the period of time, when, according to Dr. L—, she should have died of heart trouble, and she is now quite well.

The other case was mentioned in the Swedish newspapers in 1903. It concerned a young recruit in the Army, who had become so exhausted by the army manoeuvres, that he died as a result of this. During the court martial proceedings it developed that "Carlson had previously been quite sickly. In the beginning of the manoeuvres he realized that he was unable to keep pace with the others and requested that he be permitted to consult the battalion surgeon, Dr. Bernheim. The doctor sent him back, and as a punishment for his having consulted the surgeon when unnecessary he was commanded by Lieutenant Rhodin to march "on the double-quick." Several days later he again became ill and reported himself on the sick list. Coming once more to Dr. Bernheim, the surgeon again sent him back and gave Corporal Tornblom orders that "the double-quick march was the only thing that would do any good" and that Carlson was not to consult him again. Carlson was now installed in the ranks and the command to "double-quick" march was given. This was repeated several times, and eventually Carlson's ailment had become so aggravated that he fainted and was transported to the hospital. At the court martial Count von Rosen elucidated the foregoing and submitted a certificate from Dr. Nyblom of Björnlunda, testifying that he had treated Carlson for articular rheumatism and assumed that it was like-

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wise possible that Carlson had heart trouble as well. Dr. Bernheim testified that the examination which is given recruits was sufficiently rigid to have discovered heart trouble in the event that Carlson was suffering with that ailment. The doctor's impression was that Carlson merely wished to feign illness in order to escape the drill exercises." This would have been an excellent opportunity for the allopaths, who believe in "imaginary ailments" to set forth this case as a demonstration that one can actually die as a result of the influence of the imagination. Instead, however, Dr. Bernheim was indefinitely suspended from service. He was thus made the scapegoat for the deficiencies of the allopathic system; and this is hardly just. For, as the professors themselves lack the ability of making a correct diagnosis, how could it be expected that ordinary physicians should be more expert than their teachers? In order to correct the defect it is necessary that the Government demand proficiency in diagnosis before physicians are granted their certificates.

But to make this possible, it will be in order that professors, at the expense of the State, be given a thorough course in—The Diagnosis from the Eye, which can at least determine whether heart trouble is present or not.

The heart is an outgrowth of the Sympathetic Nervous System. If the Sympathetic System is injured by drugs, it directly affects the heart. Thus we may say, generally speaking, that all patients who are drug poisoned have more or less heart trouble. However, I consider only pronounced chronic inflammation, catarrh and loss of substance as bona fide heart trouble.

XI. Chronic Disease of the Arms, Legs and Hips

151. Right Arm. Tuberculosis of the wrist (14). Uric Acid diathesis.

152. Left Foot. The patient relates that he sprained his ankle twenty years previously. During the past three years pains have increased. X-ray photograph being made, the physicians were of the opinion that tuberculosis was present. Could walk only with the greatest difficulty.

He is now a warm adherent of Electro-Homeopathy, as his trouble was cured by this method of treatment.

153. The Right Leg was injured as a result of a fall. Still has pains therein. Complains of stomach, and of uric acid (gout).

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154. At the age of five years, the patient first noticed a weakness, and then pains in the right hip. Was compelled to take to the bed for one year and was given treatments of Spanish Fly applications, and stretching of leg by the attachment of a weight. For a time, some improvement, but a relapse set in, and she was then confined to bed for three years. The same treatment was applied with the exception that mercurial ointment was added. Now at the age of thirty, is quite disfigured in both hips, the limbs are situated an abnormal distance from each other; the right leg is displaced outward, while the left is displaced inward (see the Plate; as an organ is situated in reality, so is it pictured in the Iris). She has been operated in the right groin in order that locomotion might not be interfered with by the beforementioned displacements. Complains principally of the head, which is suffering from the effects of uric acid and mercury.

155. Sarcoma on left thigh, removed by operation. Died of consumption within a year.

The cause of Sarcoma is an excess of phosphorus and a deficiency of sulphur. Sarcoma (tumor of connective tissue) is an excrescence of the same nature as dry rot. See: Julius Hensel, "Das Leben."

I had recently, for a period of eight days, studied the development of a sarcoma from its incipiency. The tumor daily increased in a very rapid manner. Each day there increased numbers of yellow lines in the catarrhal defect in the area of the breast. The breast increased in size. At the end of eight days I began the treatment, which instead of being homeopathic, was rather an allopathic method, namely, a glass of Hunyadi Water daily. At the end of a week the sarcoma had disappeared. My treatment was based on Hensel's theory of dry rot.

As the allopaths consider sarcoma as dangerous as carcinoma or cancer, may the foregoing be a hint to them.

156. The man, who is about fifty years of age, relates that for a long time he suffered with boils which reappeared year after year (reaction of the body against suppressed scabies). In 1896, eczema appeared, which was treated with mercurial ointment. After that no more boils appeared. In 1899, a tumor manifested itself and was treated by massage; later consulted the renowned Dr. Westerlund in Enköping who prescribed applications of iodine. In the beginning of November the tumor was operated at the hospital. Only then was it detected that the tumor was a sar-

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coma. The patient returned home, but the leg becoming gangrenous, it was necessary to amputate the entire limb.

XII. Chronic Pelvic Diseases

157. Local Treatments following confinement (4). Disease of ovaries.

158. Prolapsus of Uterus. Leucorrhea (4). Spleen (Inflammation, Influenza). Defect in abdomen; 11-½, right shoulder-joint after dislocation of right arm.

159. Prolapsus of Uterus. Watery effusion into right knee. Liver lesion with hemorrhoids.

160. Color: Pale grayish-green with sharp yellow color in the middle, especially on the Sympathetic (drugs), a small red spot (suppressed scabies), and darkening at the edge of Iris, instead of light sky-blue.

Iris is of fine density, belonging to the second class.

The plate represents the Diagnosis of a man, yet the sign at 4, would lead one to think that it might be that of a woman with uterine disease. As already stated in the discourse on Plate 56, occasionally there may be found men who have tastes and inclinations for feminine pursuits, and with more or less feminine instincts. Here is an illustration of such a phenomenon—a "feminine man." The prostate gland (uterus masculinus) is an undeveloped or atrophied uterus. In "feminine men" it is distinctly represented in the Iris, whereas in normal men it is not shown at all unless it is accidentally injured, or defective.

But while there are effeminate men, there are likewise masculine women, particularly in the present day and age. The Diagnosis from the Eye discloses these cases, even though there may be absent the external characteristics such as wearing the hair short, a mannish cut of collar, tie and hat, as well as the deep pitch of the voice, all of which proclaim the masculine woman who is an agitator for "women's rights" etc. In normal "womanly" women the "organ bow" defining the area of the uterus is very broad, while in the masculine woman it is quite narrow. By means of Iridology may be established with certainty, to which of the foregoing classes a woman belongs. Ordinarily, we are interested by means of The Diagnosis from the Eye in determining organic lesions; and with regard to the area of the sexual organs we pay attention to the organ bows in particular—which are found in

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everyone's eyes, in those who have no organic lesions, —and in new born children of the first class constitution. If these lines are not saturated with drug poisons they lie level with the surface of the Iris, whereas the drug signs are raised over the surface.

The left ovary is likewise represented. In normal men the ovary is atrophied, and there is no distinct sign of this in the Iris, provided, however, the individual is not suffering with a venereal infection, and then the bubo manifests itself as the fruits of such infection. We further observe signs in the brain area: beginning of disintegration in the area of Will and Intellect, further, the occiput (following an injury) ; the lower part of the back, right, (injured in an accident) ; the stomach.

Complains of nervousness, acidity of stomach, sleeplessness (softening of brain.)

161. Uterus. Myoma in uterus with severe hemorrhages. Pains in coccyx with occasional swelling. Constipation of long standing. Difficulty in urinating. Alternating fatigue and severe headaches (uric acid).

162. Right Ovary. The patient complains of severe pains in region of right ovary, and leucorrhea.

163. Disease of Uterus and Ovaries. Myoma in the uterus with severe hemorrhages (4). The ovary (see 15, 2, right, and 15-½, left). Peritoneum (17, 5), in which region several small tumors were palpable. After an injury, the peritoneum had adhered to the ovary and caused an inflammation. One might easily have mistaken the sign at 17, 5, for the ovary, but as a result of operations and removal of the ovary, we know for a certainty that the area of the right ovary is 15, 2.

The patient relates: revaccinated at the age of thirteen. Immediately following, she became very sickly, was afflicted with anemia and was very weak until the age of thirty. Consulted numerous physicians. Ulcer of the stomach at the age of twenty. The myoma of the uterus was discovered three years previously Uric acid diathesis (headaches). Had pneumonia and effusion into the pleural cavity at the same time (see connecting lines at 12-13-½, left.

XIII. Chronic Disease of the Brain

164. Color: Grayish-blue with a thick layer of gray (bromide) on the Sympathetic, and in area of the brain; here and there a

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white snowflake at the edge of Iris (arsenic); medium dark scurf rim (vaccine), black in stomach area (mucous membrane sloughed off), instead of light sky-blue. The enormous size of the pupil is due to the fact that bromide exerts a pressure on the Optic Nerve, and is deposited in considerable quantities in the area of the sight center in the brain.

Iris is of ordinary density—third class constitution.

Ordinary constitution with originally excellent blood. As a result of vaccination the skin action was somewhat impaired, the brain defects at 10-½ (Hysterical Organ, i. e., center for onanism, hysteria), then occurred. The large lesion at 10-½, is not the sign of an external injury, as in that case it would have been located at the edge of the Iris and would have been more sharply marked. Here the lesion has arisen from internal conditions—from vaccination, as before stated. Here is a case of "double personality"—two or more Intelligences controlling one body; the Intelligence in control may give rise to perverse ideas and misconception, falsifications, fixed ideas, etc., through having gained control of the rational Will and volition of the individual (See also Plate 185). Cases of "double personality" occur mostly among women, as is the case here; among men the sign at 10-½, gives rise to onanism, or at least masturbation (Plate 175). The fact that masturbation is such a general rule in this day and age to the extent that not one in a thousand escapes the misfortune is due in 999 cases out of 1000 to vaccination. (I have called it a misfortune and not a vice or sin). If those who are responsible for the agitation and control of compulsory vaccination would bring this fact home to themselves they might change their tactics.

The sister who accompanied the patient, states that the young woman, now in her twenty-fourth year, had, for the past six years suffered from progressively increasing attacks of hysteria and double personality; furthermore she is troubled with the "Washerwoman's Itch" or eczema.

165. Disease of Brain in the region of Will (330°). In the year 1903, received a heavy blow on the head at 10-¼, and 10-½. At present suffers from despondency. Aside from this, stubborn constipation (5), left, due to liver defect (15, right Iris); pains in muscles of neck; dropsy of right leg, due to albumin in urine (kidney); complains of spleen; injured the lower part of the back.

166. Frequent Attacks of Dizziness. Heart lesion (18).

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167. Onanism (10-½). Thrown from a horse, striking the right temple (9); in coasting down hill some four years ago, had struck the right shoulder, throwing it out of joint, and making it impossible to lift the arm, but in spite of this can carry a weight in the "hanging" arm; constipation, and varicose vein in right leg (due to liver defect); injury to right side of chest.

168. Uric Acid Deposits in Brain, due to uric acid diathesis. Most of the organic defects present are due to having fallen while mountain climbing.

169. Epilepsy (10-½).

170. Epilepsy (10-½).

171. Epilepsy.

172. Following the Diagnosis, and after I had explained the case, this minister, forty years of age, stated that he had suffered from headaches ever since his youth; now the headaches are so intolerable that it is frequently necessary for him to remain in bed two or three days a week. The headaches (which are chiefly due to uric acid, together with some tendency to softening of the brain, L.), begin in the right side of the occiput, extend to the vertex, where they exert a benumbing effect, going over to the right eye; then the pain sets in at the left side of the head, passing back to the left side of the occiput, in left ear, and left side of neck, then appearing in the face. The patient has been to Berlin to consult numerous specialists. All have heretofore been in doubt as to the cause of the trouble. One physician thought that the difficulty was due to a tumor of the brain.

173. The Brain (10-½). As a child, was thrown out of a swing, striking the back of the head very severely.

On recovering after a confinement about thirteen years ago, had a severe seizure of dizziness, of an epileptic nature; then a trembling in the head and entire body set in, which steadily increased. (Trembling is due to pressure on Sympathetic in brain). Has had dropsy (3); liver trouble; mercury. The patient could not recall when she had acquired her various organic lesions, and when questioned, said in a motherly way: "You might ask me with regard to the injuries which my children have incurred, and, I might give you a good account thereof, but one who is the mother of ten children and is the wife of a preacher in an isolated part of Finland, has no time to think of herself."

174. Epilepsy.

175. The same Diagnosis as 167.

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176. Epilepsy (10-½).

177. Diagnosis of a young girl fourteen years of age, who, according to allopathic physicians, was suffering with chorea or St. Vitus Dance. As the physicians could not help the case, the parents began the use of the Mattei remedies, but without avail. As I was making the Diagnosis, I was completely overwhelmed with astonishment at the enormous defect in the area of the liver (see 15, right), and the sign of the right ovary (see lesion below 15). In the area of the brain, which is the seat of chorea (the Hysterical Organ), was found only a very minor lesion. What would be more natural than that I should treat her St. Vitus Dance with remedies for a liver ailment; and at the end of six weeks she was free from her ailment. Sens moral: it is absolutely necessary to have a thorough and complete Diagnosis, before treating an ailment.

178. Sensation of numbness in brain, light attacks of dizziness.

179. Epilepsy. Color: Pale grayish-blue (the gray is bromide), with a few white snowflakes (arsenic), with signs of antifebrine and antipyrine on the Sympathetic, a large yellowish-red spot (iodine), some yellow (quinine), instead of light sky-blue.

The density of the Iris is fine, belonging to the second class.

Originally a good constitution and excellent blood. The blood has deteriorated through drug poisons such as iodine, bromide, arsenic, quinine, antipyrine, and antifebrine.

No very serious organic lesions are present. We observe inflammation at 10-½, epilepsy; the right leg, varicose veins; the left leg, injury to the knee by a knife; in the back are signs due to overlifting.

Patient complains of dizziness attacks increasing in severity since the previous year, when she had an attack only now and then. The mother likewise suffered with similar dizziness attacks. Aside from the foregoing the patient feels strong and well.

180. Color: Light grayish-blue; white snowflakes at the edge of Iris, and in the form of a crescent in the brain area (arsenic), yellow in the brain, left, violet-brown in stomach area (iron), instead of light sky-blue.

The Iris density is fine, belonging to the second class.

We observe the sign in the stomach, indicated in the right Iris by a point, and in the left by a line (cancer); further, the large sign in the vicinity of 16, right, (mesentery glands); further, the

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sign of softening of the brain in the Organ of Intellect, or Memory, and in the Organ of Will; uric acid deposits in brain; disintegration in the area of Hysterical Organ, with symptoms of hysteria. As a result of the pronounced softening of the brain, the patient was not certain with regard to many of her symptoms. The only thing she could relate was the following: she had had to work for her living for a number of years. Then brain fag began to manifest itself with accompanying disinclination for work. Later, sciatica in the left limb, followed shortly by hysterical attacks. After that, great weakness of entire body, soon attended by stomach trouble. There seemed to be a bubbling and a boiling in the abdomen, and which seemed to extend to the throat (the mesentery, and the "globus hystericus"). At the present time the most serious condition is the weakness in the brain, and the "boiling" in the abdomen. She died within six months after the Diagnosis, without having tried the Mattei remedies.

181. The Brain (10-½). With regard to these remarkable lesions, the patient relates: at the age of nineteen, about 36 years previously, he had received a severe blow on the front part of the skull, to the left, in a boxing match. At the age of twenty, the hair on this part of the head began to fall out, and up to the age of twenty-five, the skull began to recede so that eventually an area on the left side of the head, half a hand's breadth, had sunk the depth of a finger, below that of the right side of the skull; simultaneously the large veins and arteries of the skull became noticeable. Fortunately, the Organ of Intellect was not involved. As a child, he had received a blow over the left eye from a threshing flail. He had also fallen from a load of hay, striking the left side of the head. Recently had fallen and injured the left side of the occiput. Believes that difficulty in hearing with the left ear is the direct result of the injury to the left occiput (11-¼). He had also injured, at the same time, the left upper arm, and the ribs on left side. Once fell from a bicycle and injured the right arm and shoulder (11-¼), as well as the right hip.

182. Chronic Inflammation of the Brain (10α—near 330°, right); liver lesion with threatening diabetes. Has had effusion of fluid into left pleura (13). α, β, γ,—incipient cancer of stomach.

183. Hysteria. Has had an abscess of uterus; hemorrhoids, due to liver defect; uric acid diathesis (gout); catarrh of bladder (catheterized); heart lesion. Observe the cardiac orifice of the stomach; has had torticollis (pains in neck muscles). Note the

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sharp, white sign beginning at about 145° and extending to the heart, and refer to symptoms hereof on Plate 9.

184. Hysteria. Had undergone treatment for a long time at an institution for nervous disorders. Arsenic Neurasthenia. Serious spleen defect (15-½, left). Injury to left chest (13-½).

185. Hysteria (10-½). Double personality.[1] In his book "Geschlecht und Charakter," Weininger has stated that in cases of hysteria, there are to be found no abnormal changes in the structure of the brain. Iridology has, however, demonstrated that in hysteria there are lesions in the brain, even as it has likewise demonstrated that there are no abnormalities as regards the Will, Intellect, or any phase of the mental life, without its corresponding organic changes in the brain structure. In addition, this Diagnosis shows injury to the right knee, catarrh of left kidney; intercostal inflammation, left; many nerve rings.

XIV. Chronic Disease of the Nose

186. Disease of Nose. Had pus in the frontal sinus above the nose. In order to drain off the pus, the surgeon bored through the upper jaw and inserted a drainage tube (9-½). Has had albumin in the urine; in 1879, a fistula was operatively removed from the rectum; in 1881, hemorrhoids were removed; 19—enormous enlargement of the sigmoid flexure of colon.

187. Color: Light grayish-blue, with some yellow in stomach area; with antifebrine on the Sympathetic; uric acid signs here and there (gout), instead of light sky-blue.

The density is fine, belonging to the second class.

Originally a good constitution with excellent quality of blood.

Now greatly deteriorated by drug poisons:

Bladder	Has had stranguary.
Kidneys	Albumin in urine; dropsy of limbs.
Rectum	Constipation.
Back	Lumbago.
Nose	Has had severe coryza; "nose stopped up."
Eyes	Weakness in both eyes.

[1] See "The Great Psychological Crime."—Tr.

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Neck Muscles	Torticollis; pains.
Left Lung	Has had pneumonia.
Ears	Ringing in both ears.
Rectum	Constipation.
Spleen	Influenza; stitch in side.
Left side of Abdomen	Sensation of a band around the abdomen.

Complains chiefly of a ringing in the ears; sensation of a band around the abdomen; "stoppage" of nasal passages; weakness of eyes.

188. Color: Gray, with faint tinge of green, due to yellow (quinine poison), brown (iron-drug in stomach area), sign of mercurial poisoning, dark scurf rim (impaired skin action), instead of light sky-blue.

Iris is fine—second class constitution.

Originally a good constitution with a good quality of blood. Presently the scurf rim began to develop (impaired skin function) with its well known after-effects. The defective skin was further deteriorated by mercurial poisoning. In addition to these came the drug-poisoning. In this way a strong and healthy woman became a sacrifice to drug-poisoning; these drugs cannot be eliminated from the body.

The most important organic defects are discernible by the naked eye: stomach and intestines; abdomen; rectum; kidneys; breast; nose (ozena),—all these are conditions which are complained of, besides general pains.

189. Nose Disease. For the past twenty years has had pus in the frontal sinus above the nose. Five years ago was operated therefor by means of piercing the upper jaw and inserting a drainage tube; for twelve days the patient suffered the agony of irrigation of the cavity, together with irrigation of the throat.

N. B. The sign (*a*) is an injury to the structure of the Iris. A nail accidentally flew into the eye, causing an inflammation of the Iris. This was treated for three weeks with cold compresses until the danger of blindness in the eye, or of losing the sight of both had passed. Here is an occasion where I can commend the surgeon who treated the case, although he imitated the persecuted water-cure-Kneipp in his handling of the case.

190. Ozena, suppuration of the nose, young lady twenty years of age.

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191. Disease of the right side of the nose, associated with pains in right side of face (tic douloreux). Has had a severe blow on the forehead (330°, right). Same at 10-½, left. Has suffered with dizziness (10-½). Injured the muscles of neck in a fall (11).

Pains in left leg; red brick dust deposits in urine; leucorrhea, and difficulty in urinating; constipation and hemorrhoids; 15-¼, and 15-½, indicate the ovaries; 17, is the abdomen.

XV. Chronic Disease of the Eyes

192. The Eyes; (dilated pupils). Six months previously had had an attack simulating apoplexy, with paralysis of the right arm (see the large white sign situated between 0° and 330°, left). Has had dizziness (see the sign between 0° and 30°, left), occasioned by a blow on the neck. Has injured the right thigh; albumin in urine, which has existed for some time; painful menstruation; difficulty in urinating; has had pains in the right ear (11-½, right).

The Diagnosis is not completed.

193. The Eyes. After the Diagnosis, the patient related: at the age of seventeen was a sailor aboard a ship which was docked for repairs. A new mast had been installed and the youth was in the mast-top. In tightening the mainstay, the knot parted and the mast flew backward like an arrow, throwing the sailor to the deck. Fortunately he had the presence of mind to grasp at some lines, and thereby broke the force of his fall. In striking the deck he lost consciousness. For three days he was unconscious; it was thought that either he would die or become insane, but, as he regained consciousness, he immediately recognized his parents. Was in the hospital for one month. Here it was determined that his injuries were confined to the left hip, the brain, and blindness of left eye. Being brought to Stockholm after a month, there was a sensation in the head when bent forward, as of water in the brain. An opening in the skull was made over the left eye (9-½), and a section of broken skull removed. Was bedridden and helpless for nine months. In 1872, he was again able to go to sea, and after four years took his Captain's Examination. He is permanently blind in the left eye, although to external appearances it seems normal, even reacting to light. The Diagnosis from the Eye determined that the retina was inflamed, as well

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as the sight center in the brain (see X). These inflammatory processes prevent the reception of images on the retina, and their transference to the sight center in the brain. Aside from this, the eye is normally nourished and the only indication of an abnormality is that there is a little squint. A beam once fell on his left shoulder (11 near 60°); perforation of the skull (10-¼). Now has pains in head and in legs. Occasionally there are pains in the back. Vaccinated three times.

194. Atrophy. Incipient amaurosis.

195. Four years previously the left eye began to fail, and lastly, blindness set in. Mercury and iodine treatment was then applied anew, as had been the custom thirteen years earlier, in syphilitic treatment. Before ten months had passed he became totally blind in the right eye. (I have made three special Diagnoses with pictures of the right eye; defect is not a very large one; the eye lesion alone is comparatively insignificant, but the true cause of the blindness is the mercurial poisoning, and which is not represented on this Plate. A thin film of mercury covered the entire Iris, making it a very difficult matter to discern the organic defects here represented).

"It is a Crime against all Humanity to use Mercury as a Remedy"—is the title of a work by Dr. Hermann, which may be obtained of the book dealers. This patient, who is now blind, is a sacrifice to the mercurial treatment.

13-½, right, is the sign of an incision made by a knife, lacerating the muscles, and making it impossible to lift the right arm. In addition to the foregoing there may be seen an excellent picture of the lower lobe of the left lung. We may sometimes find either an entire organ or a large portion which has become involved and correspondingly represented in the Iris, and in those cases the picture in the Iris is a most exact reproduction of the actual conditions found in the organ itself. In most cases, however, we find only a part of an organ involved and registered in the Iris.

196. Diseases of the Eyes. Disease of the spinal cord, as an after-effect of gonorrhea, buboes and syphilis. Has consulted the most prominent physicians abroad. On the return journey from Germany, after having undergone a mercurial-treatment, excruciating pains appeared in the left eye (at which time, the sight was still intact), making it necessary to remove the eye by operation. Total blindness in the right eye. A short time after the Diagnosis,

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pains also appeared in this eye, and it was operatively removed. The unfortunate individual died not long afterward.

XVI. Chronic Disease of the Ear

197. Both Ears. Hard of hearing for the past eight years. Has sustained a severe blow at the back of the neck, left; was unconscious twenty minutes. Has broken the right leg. Nose and throat.

198. Gradually lost his hearing and was compelled to give up his position as a teacher in Genf. The external ear on the right side has been seriously injured (11, right). In alighting from an electric car he once fell and struck the back of the head (10-¼). Has had scabies. Observe the sharp sign at 10-½. Mark the association and simultaneous involvement of the ailments at 12 to 15, left, (lung, chest, heart, arm, diaphragm, spleen). 5—rectum, hemorrhoids. Injury to right leg. Has had catarrh of the bladder. Has had an operation for goitre, which was removed (8, right). Injury to the left clavicle.

199. The Ears (11-½). The right ovary (15-¼). Now and then severe headaches (uric acid; see the kidneys). Premature confinement. Has fallen down stairs.

200. Color: Gray, with some of the original blue color, medium scurf rim, a few white snowflakes at edge (arsenic), and some yellowish deposits on the Sympathetic (antifebrine), instead of light sky-blue.

The density of the Iris is ordinary—third class.

We first observe the right kidney, the fleshy portion with the signs of loss of substance—the kidney fails to filter the uric acid out of the blood stream, then the uric acid combines with sodium; then gouty deposits form, as in this case, in the brain and ears, giving rise to head noises; when we note the black spot in the region of the right ear (11,a), we know that pus has been discharged from that ear. Further, the left leg (broken); defect in the sexual area in the brain (between 30° and 0°, right).

Complains of the ears, principally deafness (occasionally catarrhal discharge from the ears), and general debility.

201. Very hard of hearing. Has consulted the most prominent physicians, but there is nothing that so damages the mechanism of the ears as the specialistic treatment of these organs.

202. Quite the same as the above.

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XVII. Chronic Disease of the Neck

203. Inflammation of the Glands of the Neck. Suppressed scabies.

204. Sign of Operated Cervical Glands. Operated several times in neck, right and left, (see 17, 18, 19). In the year 1873, my own physician, Dr. Fick, said to me, at which time I had a serious case of enlarged cervical glands, that I should not permit an operation to be performed, as I would then become an easy victim of tuberculosis. This fact does not seem to be understood by the present day physicians.

205. Color: Grayish-blue, with signs of antifebrine on the Sympathetic, a small white snowflake (arsenic), some yellow (quinine), violet color in stomach area (iron; brown+blue=violet), medium scurf rim (somewhat defective skin action), grayish-white (mercury, distributed over the entire Iris), instead of light sky-blue.

The Iris is fine—second class constitution.

Synopsis: The constitution was originally very good (second class), originally a good quality of blood; now deteriorated by drug poisons.

The most remarkable features in this Diagnosis are the connections between the various organs, i. e., connections between causes: 1. between the urethra, bladder and kidney, right, (venereal disease has involved the bladder and kidney); 2. between the temple, eye, jawbone and nose, left (according to his statement following the Diagnosis, this was caused by being struck by a flat section of a boulder under the left eye, on the upper jaw near the nose). We further note the connection between the lower part of the chest, right, and the liver, which are bound by a transverse line. The left arm, spleen, diaphragm and abdomen are likewise connected by a similar line (in accordance with the patient's statements, at the age of twenty-five, he was severely injured in the right chest, region of the liver, and probably in the abdomen, as a result of a scaffolding falling). At the age of nine, the glands of the neck began to enlarge. Has had considerable trouble with the legs. Effusion of pus into the pleural cavity; the pus was eliminated by perforating the pleura. (13), an injury which crushed the chest and back. Weakness of left arm.

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XVIII. Chronic Disease of the Abdomen

206. Inflammation of the Peritoneum, right, (17). The sixteen-year-old patient, complains of catarrh of the nose. Treated by massage of the nose by Professor C—. Similar treatment by the same Professor caused ozena in the case of the patient whose Diagnosis appears in Plate No. 190. Both cases were cured by the Mattei remedies. The patient complains also of sensitiveness to cold (she has a pronounced scurf rim, and has used cold water treatment—false treatment). By the second of March, 1903, the left kidney was healed.

207. Disease of the Peritoneum, right, (17). Occasional contraction of the peritoneum with cessation of peristaltic action of the intestines, followed by gas-formation and colic of the intestines. Fell out of a swing, as a child, and sustained a terrific blow on the back of the head. Uric acid diathesis with headaches (see 0°, right); dizziness now and then (330°, left). Stubborn constipation with bloody stools (5). Note the deep, but well-healed lesion in the right kidney (3) and the well-healed lung defect, right, (12). False presentation of the child at the first confinement (4). Has had treatment for spinal curvature and deformity of shoulder blades.

208. Peritoneum. Inflammation, right side.

209. The lady, forty years of age, relates that she has suffered with periodic colic for the past twenty years, and with great flatulency. She has consulted the most renowned physicians in the world (being very wealthy), and all have stated that she has merely catarrh of the intestines, and one or two specialists have diagnosed the case as "Intestinal catarrh, of a nervous nature." The Diagnosis from the Eye shows that there is not a trace of intestinal catarrh, nor has the patient even a slight catarrh of the stomach (not one person in 10,000 has as good a stomach as she has), which she verified, and further related that while in Rome, where she has spent the Winter for many years, for months at a time it was her practice to daily partake of the customary twelve course dinners, and without any disturbing consequences. The before-mentioned colicky periods would nevertheless set in, and they have thus made her life miserable.

Iridology, which immediately revealed the trouble, showed that there was a defect in the peritoneum, and because of this the peritoneum contracted, interrupting the peristaltic action of the

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intestines, giving rise to symptoms which were similar to those of catarrh of the intestines.

After I had explained the true state of affairs, the lady recalled that at the age of nineteen, in mounting a horse, she had experienced pains in the abdomen and on the same day the first colic attack occurred.

She was very soon cured. The reader would naturally think that I received a generous fee as a result of the successful outcome of the case. I received the usual fee for the diagnosis, but nothing more. It was such an easy matter to heal the defect in question that the lady probably assumed that the cure was not worth very much.

In Number 3 of my magazine for the year 1911, there is mentioned a similar case; that of a blacksmith, but he showed his gratitude by writing me an enthusiastic letter of thanks. In ailments of this kind, I advise, among other things, the use of the Kalasiris corset manufactured at Bonn, Germany.

XIX. Chronic Disease of the Diaphragm

210. The Diaphragm. Remarkable organic defects: the right hip, the right ovary, and the diaphragm, right side, (fell down stairs, and was thrown from step to step, seriously injuring the right side and the right hip—and still the patient had forgotten all about this, only recalling it some time after the Diagnosis). Observe the connecton between the left kidney, rectum and bladder. Note the white "bow" between the diaphragm and the spleen, extending to the heart (see Plate 9). Study the figure lying diagonally in the area of the back, right Iris. This defect had probably occurred during the fall down the stairs. The right chest doubtless was likewise injured. The open organic lesions requiring treatment are as follows: stomach, intestines, lungs, throat, liver, the kidneys, (the left, with uric acid sign, hence the headaches), the rectum, bladder and urethra.

211. Diaphragm. This Plate is dark because it has been colored. Nevertheless, it is worthy of careful study. We first observe the diaphragm, right (15), then the connection between the bladder and rectum lesions (these organs were involved simultaneously and by the same causes). Lastly, I would call attention to the white line which binds the areas of the chest, arm, liver and diaphragm, right Iris (13, 14, 15), and indicates that these organs are connected by the same causes.

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Quite remarkably, there is a similar white line binding the areas of the chest, arm, spleen, diaphragm and ovary, in the left Iris (13, 14, 15), and a third line connecting the chest, diaphragm, ovary, hip and abdomen, right Iris. In prescribing treatment it is highly important to give consideration to such connecting lines. The patient has had a great deal of trouble in the region of the diaphragm and peritoneum, but at the present time, these troubles have disappeared. There has also been considerable leucorrhea and renal colic. She has, in the past, had heavy eliminations of intestinal worms. Injury to the right cheek. A dull pain in the head. Has had torticollis, and on one occasion, malaria (spleen).

XX. Injuries and Operations

212. Color: A "watery" gray with one or two arsenic signs, considerable white on the Sympathetic, some yellow, instead of light sky-blue.

Density of Iris is ordinary—third class.

Organ Areas	Patient's Statements
1=Stomach	The stomach becomes swollen after eating.
2=Legs	Pains in the leg below the knee; injured the left knee in a fall; the foot injured 30 years ago by a horse stepping on same, (see below).
3=Kidneys	Uric acid deposits in urine.
4=Urethra.	See the bladder.
5=Rectum	Constipation.
6=Bladder	Frequent urination.
7=Back	Injured accidentally (see below).
8=Throat	Frequent coughs.
9=Nose, Jaw, Eyes, Temple, Forehead	
10=Brain, 10-¼, 10-½, 10-¾.	Thirty years ago, at the age of ten was kicked by a colt, striking the head at 10-¼ and 10-¾; the same year sustained a serious blow on the back of the head 10-½.

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11=Ears, Neck, Shoulders,...	The ear drum of the right ear has been injured.
12=Lungs	Thirty years ago a serious cough. (At the age of ten was many times in danger of losing his life. A grown person receiving the same injuries as at 10-¼ and 10-¾ would have been killed).
13=Chest	During a runaway episode at the age of ten, the patient was thrown out of the wagon, injuring the left chest to the extent of breaking a rib, and injuring the left arm.
14=Arms	
15=Liver, Spleen, Diaphragm	
16=Hips	Left hip injured at the same time as the chest.
17=Abdomen	A wagon once passed over the abdomen.

The extraordinary accident referred to in the foregoing, occurred in this manner: at the age of ten he was driving a horse, the left leg hanging outside of the wagon frame as the horse began to run away; the leg of the boy was caught between the spokes of the wheel and he was thrown out of the wagon, striking on his back, the wagon passed over the abdomen, the chest, and the left arm; the left hip and the occiput striking the earth with terrific force, were likewise seriously injured. As a result of this accident we may note the following signs: 1. Left ankle (the lowest black spot; the upper one is the knee and was caused by a fall downstairs); 2. The outer side of the left thigh (large defect just above the knee lesion); the left hip (at 16); 4. The diaphragm, right and left, (opposite 15); 5. Spleen, the left arm, the lower part of the left chest, between 13—15; 6. The occiput, right and left (especially the right).

Complains at present of the stomach, which becomes swollen after eating; dares not fully satisfy his appetite; pains in the right ankle (catarrh); headaches.

213. At the age of sixteen years while bathing in the sea, he injured the abdomen, diving and striking a stake. The patient

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who is now fifty years of age, still has pains in the abdomen, and physicians who have examined him believed these were due to an internal rupture caused by the accident of 34 years previous. Iridology, however, discloses that the injury in question is thoroughly healed, but that there is a large open defect in the intestines, to the right of the navel. This is corroborated by the patient's symptoms, for he has had catarrh of the intestines with severe pains on the right side of the navel.

214. Color: Dark gray, with dull-green tinge, together with a sharp yellow in the area of the stomach, and a white snowflake, instead of light sky-blue.

The density of the Iris is fine—second class. Originally the patient had a theoretical possibility of attaining the age of eighty years.

Born without organic defects, there are now numerous large lesions, although the majority of these are now healed. We note the kidneys, the abdomen, the rectum, the bladder, the back, the left bronchus, left chest, left arm and thumb, the liver, the spleen, the left side of neck, intestines, left Iris, left side of forehead, and left temple, the right-side of forehead, and the right side of the chest. Relative to the large healed lesions in the right side of the back, he relates that as a boy he was carrying a sack of oats and so strained his back that it troubled him for a long time. The occiput has twice been injured, the first time by a fall on a rail, the second time by falling down steps; now suffers with dizziness. With regard to the left thumb, he relates: at the age of ten, while carrying an axe under the right arm, and the limb of a tree under the other, he began to run; he tripped and fell, the axe cutting off the right thumb; on another occasion he fell and struck the abdomen against a stone (see the round black spot in the diaphragm, left, opposite 15).

Complains at present of stomach, intestines, lassitude, weakness, and sluggish mentality.

215. Color: grayish-green with many reddish-yellow spots (iodine), yellow, a medium scurf rim.

The Iris is fine—second class density.

Synopsis: Originally a good constitution with a good quality of blood, and good Iris color. Because of drug poisons the ideal blue color has disappeared. We note the catarrhal lesions, (disintegration and weakness), and uric acid signs (headaches), in

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the area of the brain. Further: the right arm (seriously injured); the left shoulder-blade; the left upper arm; abdomen; left hip (inflammation); the coccyx and sacrum.

The patient complains of brain fag and general debility, sensation as of a cold in the head, occasionally, together with weakness of the entire body; the slightest effort causes heavy perspiration. This weakness began to manifest itself following a blood-poisoning and consequent operation in left arm (now has a large scar on the hand). She had previously been quite well. Now has severe pains in the left shoulder blade, the shoulder, the clavicles and the left upper arm (inflammation and catarrh). Has had a severe fall which caused a serious injury to the lower part of the back, from which she suffered for a long time. Lumbago in the sacrum, left side. Injured in region of abdomen and left hip, from which she still suffers. Has leucorrhea.

216. The patient could remember nothing with regard to the lesion in the sternum (13-½). But about three days following the Diagnosis she recalled that in the year 1887, Christina Nilsson sang for the populace from the balcony of the Grand Hotel, Stockholm, when there suddenly arose a panic among the great crowd and 29 persons were crushed to death. The patient very narrowly escaped being killed, and sustained such a serious injury to the sternum that she was confined to bed for some time. All this she had forgotten until the Diagnosis brought it to mind.

This incident illustrates that a denial on the part of a patient with reference to an organic lesion should not cause the Iridologist to lose hope of verifying the truth of his discoveries, at some later date.

Further, may be noted: the right ovary extirpated, while the left is greatly enlarged, though healed.

217. Color: Bluish-white (zinc), with dark scurf rim (impaired skin action), two reddish-yellow spots (iodine), antifebrine on the Sympathetic, signs of uric acid diathesis (coarse, dirty-white lines), instead of light sky-blue.

The density of the Iris is fine, second class constitution.

Originally a good constitution, with good quality of blood. The scurf rim, with its consequences was then acquired. Later, gonorrhea, which refused to heal by the regular medical treatment, but was cured by the Mattei remedies.

We observe the serious lesions in the brain, and over the eyes, (forehead), and in this connection the patient explained: One

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evening he was attacked by three men and terribly mutilated with a leaden weight, before it was discovered that they had assaulted the wrong man. Realizing their mistake, the attacking party then helped him up, bandaged his wounds, and apologized, explaining that they were lying in wait for a certain man, with the intention of murdering him. The wounds healed without surgical aid, but enormous scars on the forehead and temple remained. He has, however, had little or no serious after-effects from these wounds.

We further note the bladder. The man, who is a stone mason, first worked at his trade in a quarry. Frequently sitting down on the cold stone, he contracted inflammation of the bladder, and as this trouble had not yet healed he had come to consult me. Approximately a thimbleful of pus with small blood clots was passed with each urination. In the exigencies of his work he has often had to overlift (see signs in area of abdomen, 17). We lastly note the white figure at 12—16, left, which are signs of external injuries. In all probability this was produced when attacked, as above related; occasionally he notes pains in the areas indicated.

218. Color: Light grayish-blue with broad scurf rim; pronounced inflammation artificially produced (zinc), faint traces of yellow in brain area, light-gray with traces of violet in the stomach area.

The Iris shows inherited organic defects in the region of the intestines; the outer half of the Iris, for the most part, belongs to the second class constitution.

A brown-eyed individual with a constitution so hereditarily encumbered could not survive. Owing to the circumstance that brown-eyed individuals who are congenitally weak rarely live to maturity, brown-eyed individuals with inherited organic defects are very seldom born; with the exception of those encumbered with syphilis, or conceived during a state of half-intoxication. All adult brown-eyed people, therefore, invariably belong either to the first or second class. If these individuals live a natural life, breathing pure fresh air, as, for instance, the Montenegrins, there will arise a race of strong and handsome people, to all external appearances, so that one who is ignorant of fundamentals might be led to remark: "The Montenegrins are a living demonstration which refutes the contention that blue-eyed people are superior to the brown-eyed." The entire Montenegrin nation is descended

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from primitive peoples who were inherently strong, hardy and of an excellent physique. Iridology admits that brown-eyed persons belonging to the first or second class, are more strongly built than are blue-eyed people who have inherited organic defects. But if blue-eyed and brown-eyed persons of the same Iris density are compared, the blue-eyed are far superior to the brown-eyed. The Diagnosis from the Eye deplores the fact that those who have hereditary organic defects marry and reproduce a race of weak children, but it would be as impossible to prohibit marriage of these people as it would be to prevent them from falling in love. Love, however, does not always take into account physical conditions, being primarily concerned with the soul, and it cannot be gainsaid that some most beautiful souls abide in a weak body. Those with inherited organic defects who would live long, must avoid all excesses, particularly avoiding venereal infection. They should never over-exert themselves, nor contract marriage with a brunette, for the children of a union between one who is hereditarily encumbered, and a brunette, would inherit such heavy encumbrances that they would invariably die in childhood.

Organ Areas		Patient's Statements
1=Stomach (light grayish-violet) Intestines (large defects)		Defective digestion, lack of appetite.
2=Legs ...	N. B. Kidney and right leg connected, together with urethra; gonorrheal poison has infected the kidneys and both legs.	
3=Kidneys		
4=Urethra		Gonorrhea.
5=Rectum		Occasionally constipated.
6=Bladder		Weak, as a result of the gonorrhea.
7=Back		Shooting pains.
8=Throat, Bronchi		Coughs occasionally.
9=Nose, Cheeks, Eyes, Forehead		Had accidentally thrust a pair of shears in the left eye.
10=Brain		Dizziness; has evidently injured the occiput.
11=Ear, Neck, Clavicle		
12=Lungs		Some cough, some asthma.

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13=Chest, ...
Heart ..... Yes! Some trouble here.
14=Arms ..... Has had serious blood-poisoning in the left arm; a large scar in the hand following the operation. The reader will observe the large broad defect, in accordance with the rule: "the larger the lesion in the organ, the more does the sign in the Iris broaden," sometimes encroaching into the areas of adjacent organs; always remembering, however, that the "land-mark" at the Sympathetic is invariably correctly situated, provided the organ involved has not been accidentally displaced. 14, is the true area of the hand, but it is noted that the hand has appropriated at least 20°—a serious defect. The sign of my own seriously injured spleen, but which is now healed, covers nearly 30°.
15=Liver, Spleen, Diaphragm
16=Hips .....
17=Abdomen .....

Complains of the stomach, intestines, lassitude, chilliness. He is pale and emaciated, although in the prime of life.

Supplementary: After a year's treatment he is greatly improved. A factor which was of great benefit to him was thorough mastication of his food.

XXI. Inherited Organic Defects

Only after a great deal of practice is it possible to portray hereditary organic defects in a clear and concise manner, but it is achieved by engraving the picture on a specially treated cardboard, afterwards photographing it. The printed word alone is deficient in describing the characteristics of these hereditary

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organic lesions. Moreover, it is imperative that the Diagnostician determine the appearance of these lesions by examination of the living eye, and particularly in children, as older people may sometimes resemble those who have inherited organic defects, and this is especially true in cases of accidents, injuries, falling from a height, etc., whereby the entire organism may have sustained serious injuries.

219. Hereditary Lesions. Twenty-two years of age. As a child, had an abscess in the mastoid process of the right ear (11-½). Being operated, pus discharged for a long time. Is now deaf in this ear.

220. Hereditary Organic Defects. Patient eighteen years of age. Brother of the above mentioned patient.

221. Hereditary Organic Defects. Young girl seventeen years of age. Mesentery (γ), appendix (β). Arsenic Neurasthenia. Hysteria.

222. Color: Light grayish-blue, with medium scurf rim, (skin action impaired to an extent), white snowflakes at the edge, (arsenic), instead of light sky-blue.

The Iris shows hereditary organic defects.

Synopsis: Encumbered by heredity of organic lesions. All who are brown-eyed, if hereditarily encumbered, die during childhood. Only brown-eyed individuals of the first and second classes are able to survive. Those who have inherited organic defects and who belong to the sixth class constitution may survive provided they possess the following: 1. A good stomach. 2. A good quality of blood, i. e., inheritance of blue eyes; otherwise, they, as well as the brown-eyed will die in early childhood. It is as possible for blue-eyed persons of the fifth and sixth class constitution to survive and enjoy life, as those of a higher class and stronger constitution, but it is absolutely necessary that they eschew all excesses, avoid over-exertion, either mentally or physically, and, it goes without saying, that they must live a clean and temperate life.

Extraordinary signs: the connection between the back and bladder, right Iris; and the association of lesions of bladder and rectum, left; the sign in the area of the eye and forehead, right; the lesion beneath the left eye; the spleen (the electric dynamo of the body); occiput, right; clavicle; shoulder (observe the right

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lung connected with the right shoulder; the kidneys with sign of uric acid diathesis (uric acid deposits in ears, causing ringing in the ears).

Organ Areas	Patient's Statements
1=Stomach, Intestines, ...	Yes.
2=Legs	Left leg broken, right knee-cap injured.
3=Kidneys	Not aware of trouble here.
4=Urethra	Gonorrhea.
5=Rectum	No symptoms (hereditary defects healed before birth are not associated with pains).
6=Bladder	Pains.
7=Back	Weak, tired.
8=Throat, Bronchi	Coughs now and then.
9=Nose, Jaw, Eyes, Forehead	Kicked underneath the left eye by a horse; a heavy blow on the forehead when sixteen years of age (right side).
10=Brain	Abnormality in sexual center.
11=Ears, Neck, Shoulders ...	Ringing in the ears; injury to right shoulder.
12=Lungs, Aorta	Cough, and stitch in side.
13=Chest, Pleura, Heart	Following Influenza, pains in pleura.
14=Arms	Sprained the left elbow.
15=Liver, Spleen, Diaphragm, Inguinal Glands	Influenza; Spleen symptoms.
16=Hips	
17=Abdomen	Pains.

Complains of urethra, back, ears, lassitude. It is not possible to judge from this engraving that the patient is hereditarily encumbered, for, as a rule, it is discernible only by examination of the living eye. On this Plate all the various signs are represented as being of a uniform depth, whereas in the eye, they vary in depth.

223. Hereditary Organic Defects. Tuberculosis in throat, right side. Has consulted physicians both at home and abroad. Was kicked on the jaw by a horse, where at present a deep scar

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may be seen (see 9 at the edge, and also the deep defect on the inner part of the jaw bone). Probably acquired the lesion in the neck at the same time (11). On one occasion had a fall, striking the neck on a stone. Has had bleeding hemorrhoids. The fact that this man, with a constitution hereditarily encumbered, could attain the age of sixty-five years, is due to his having also inherited blue eyes, which according to Iridology, indicates a good quality of blood. Because of these blue eyes, I prophecy he will live to be eighty years of age—for what may not good blood accomplish! Today (3-14-1911) he visited us and seems like a man of fifty, whereas, he is in reality seventy years of age.

224. Hereditary Defects. Twenty years of age. Blindness, due to atrophy of optic nerve (see 9 and 9-½); see also sight center in brain, left and right.

225. Hereditary Organic Defects. Patient, a man about thirty years of age, has an excellent physical appearance. Physicians have been unable to detect any lesions in his case, but there is, nevertheless, a serious defect in the area of the Organ of Intellect, in the brain, at 330°, left; this is responsible for the fact that he is timid of people. After a year's treatment with the Mattei remedies, the fear of people disappeared. Other symptoms of which the patient complained such as colic, flatulency and pronounced nervousness, also disappeared.

226. Hereditary Defects. The sister of the foregoing patient. She relates: the mother was a hunchback, and the father had weak lungs. Following a serious accident during a carriage-drive, whereby she sustained a severe injury to the head, deafness set in (see the inflammation at 10-¼) with contraction of the throat attended by difficulty of speech (see connection between 10-¼, and 9-¼, right), and epileptiform attacks now and then (see 10-½, left). The patient complains of the head, throat, tongue, back, left lung, left shoulder-blade, the uterus, and of lassitude.

After a year's treatment with the Mattei remedies she was able to pass examination for life insurance, without increased premium.

Concluding the Diagnosis, I asked the husband of this patient whether he would have married her, if he had known in advance that she was hereditarily encumbered. "Yes," he replied, without hesitancy, "She was so beautiful, and that is reason enough." "Such is life," said I, "Love is blind." At that time I was of the opinion that through the study of Iridology, people could be taught

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to select as their life-mates individuals who were strong and healthy, and thereby bring forth a healthy progeny. It very often happens, however, that the healthiest and strongest persons remain single, while those who are miserable specimens of human beings get married. This was the spirit in which I wrote in the year 1904. Notwithstanding, in 1906, I, myself, married a lady who was hereditarily encumbered, and who, in addition, had had tuberculosis of the lungs. Nevertheless, my two daughters have constitutions of the second class, while I have a constitution belonging to the first class.

XXII. A Family History

227. The Father (sixty-seven years of age). A first-class constitution and eyes of a very beautiful blue color. In childhood suffered a great many terrific hardships. At a very early age he was compelled to earn his living as a shepherd boy. Was not spared in any contingency. In boyhood he acquired his serious lesion of the intestines. On reaching man's estate he was enabled to acquire wealth to the extent of becoming a millionaire, but he has not been able to get rid of the catarrh of the intestines. In addition to the foregoing, the patient complains of sciatica.

228. The Mother. Poisoned by vaccine and arsenic; connection between defects in the right kidney and bladder. Rectum; the left lung and pleura; the throat, left Iris.

A Married Daughter. See Plate 17. Heavy scurf rim (vaccinated three times); rectum, with hemorrhoids (5); has had enlarged tonsils; scalded the right cheek; headaches; the spleen; the ovaries and liver.

229. A Second Daughter. As a child the nurse had dropped her, letting her fall to the floor, but maintained silence as to the cause of the child's crying. Eventually the crying stopped and as the child was about to walk, it was observed that she limped (see the right hip-joint). The result of this lameness was a displacement of the left leg (see the picture of the left leg: the left limb has been forced outward as though an effort had been made to ease the limping). How the poor child must have suffered with its hip! The hard hearted nurse! Parents, care for your children yourselves! I know of many cases where the nursemaid has hurt her little charges both physically and spiritually, and has even been the cause of their death, by careless administering of drugs.

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230. The Youngest Daughter. Up to the age of four years, she was a strong and healthy child. She was then vaccinated, and gradually acquired spinal curvature, until now at the age of twenty, she was greatly deformed. The head was sunken between the shoulders, and the chest and back were curved outward. Suffered with such pronounced dropsy that during the Diagnosis she was unable to stand erect, but was compelled to recline in an arm-chair. The patient died in eight days following the Diagnosis. Had consulted celebrated physicians at home and abroad. A sacrifice to vaccination.

230-½. The Son. We observe particularly the large displacement of the intestines (inherited from the father). While serving in the army in 1905, he contracted a severe cold which developed into pneumonia, but which was not realized by those in attendance. The pneumonia speedily passed over into catarrh of the lungs, developing into tuberculosis with hemorrhages (see lower lobe of the right lung). Had consulted the most renowned physicians but without avail. Patient died in two months following the Diagnosis.

N. B.—The large lesion in the rectum (5), is inherited from the mother; as is also the association of lesions between bladder and kidney.

XXIII. Special Studies

231. The Brain. A "break" in the sympathetic nervous system in the region of the brain. The patient relates: she had lost a child, but as another child was expected, her husband, a physician, forbade her to weep. By sheer force of will she avoided crying. The child was born, but died immediately. Even then she dared not weep, but continued to suppress this emotion. Shortly she experienced a terrible pain in the head ($X\ a$), and since that time she has had a continual sensation as of molten lead flowing from the brain and down the spine. I was in a serious dilemma for I was at a loss to know what to do for the case, (theoretically it was hopeless). She realized the situation. Then the lady fell on her knees before me, and entreated me to help her. What should I do? Eventually I prescribed for her, gratis, of course. Whether or not she was able to carry out my instructions to the letter, I cannot say, but in 1911, I was informed that the lady was actually restored to health. Be that as it may, her husband meanwhile wrote an article in a newspaper to the effect

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that the Mattei remedies were merely "sugar, starch, and water."

The figure "X" is directly below the "break" in the Sympathetic. Physicians are ignorant of the fact that the Sympathetic Nervous System is found in the brain, and, while it has been traced anatomically only to the uppermost vertebra, the Iris, nevertheless, shows that it is also contained in the brain. The pains which the doctor's wife experienced were due to the fact that the electricity (nervous force) must of necessity "jump the gap" because of the broken connection in this area.

232. To the section with date 25-1-1908, the following refers: The man had been in the hospital at Helsingfors for a month undergoing a rigid examination. The sound had been so industriously used that there were hemorrhages of the urethra (210°). The Professor declared that the patient was suffering with tuberculosis of the kidney, and that inasmuch as both kidneys were involved it would not be feasible to extirpate the one kidney, which might otherwise be done, and so the man was sent to his home at Åbo, Finland; a very sick man. His condition was such that it was necessary for him to continually urinate. Later, he came to me for Diagnosis, and the pictures here have been made from his case. They show much more serious signs in the bladder than in the kidneys, where merely an inflammation and catarrh were to be found. The treatment, in conjunction with Dr. Schmidt-Storjohann's Apparatus, was immediately begun, and within a few days after his arrival in Stockholm he was so much better that it was necessary to urinate not more than once per hour. Later I learned that his improvement continued day after day. Nevertheless, he died in 1910; but as a result of an operation for mastoid abscess.

With regard to the areas of the leg and back on this Plate, there is the following history: for a period of four months the patient had been in the hospital, because of paralysis of arms and limbs. The trouble had begun two years previously and progressively grew worse. When first admitted to the hospital there was still power of motion in the legs, but later, when the Diagnosis was made, he had to be lifted and carried. According to the statement of the hospital physicians, his trouble was atrophy of the arms and legs. At the hospital, massage, electrical treatment and warm baths had been tried without avail. To my question as to whether spinal cord disease had been suspected, he replied in the negative, and after these preliminaries the Diagnosis was

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made, but only the areas of the leg and back were pictured, as the brother, who accompanied the patient was not able to support the heavy man long enough for a complete diagnosis to be made.

The Diagnosis from the Eye discloses that in the region of the leg, there is chiefly inflammation, and not, as would be the case in atrophy, catarrh, with black spots (loss of substance), here and there. The area of the back, on the contrary, (7—7—7), reveals the presence of serious lesions (catarrh, and deep black signs), loss of substance, and these are exactly in the section of the back where the spinal column is situated. In the Iris, the situation of the Spinal Cord Area is from the outer and lower part of the back, extending diagonally upward to the upper and inner angle of the shoulder blades.

Having pictured the signs referring to the leg and back, and having permitted the patient's brother to examine the Iris, where with the naked eye it could be detected that the signs in the leg were white, whereas, those in the area of the back were in part coal-black, I began to question the patient, to learn how a strong man only thirty years of age, could have acquired so serious an ailment. Only after a persevering effort of two hours on my part, did he recall that in 1898, while traveling over a miserable road in Småland, carrying in great trunks a stock of goods, the wagon tipped and he hastily sprang out to escape being crushed by the heavy trunks. He struck on his back, injuring the spine and was lame for a long time. Through severe exposure to cold and wet, on his journeys over the country roads, in time he acquired a peculiar sensation between the shoulder-blades. Gradually the arms became lame, later followed by paralysis of the legs.

On the 22nd of April, 1908, he, personally, wrote me to the effect that he was able to be up and about throughout the entire day. The power of motion in the limbs is steadily returning, and the muscular control of the arms is so much improved that he can now write quite well.

The following history concerns the sections numbered 11, 12, 13, 14, 15, situated between 30° and 150°, left Iris, and 10-½ in the right Iris: The patient complains of the entire left side including the neck, lung, chest, diaphragm, spleen, with aorta symptoms (twitchings of the body, and disturbed sleep), also of the occiput, right side (sexual center in the brain). The reader may observe the small, diagonally-situated sign resembling the eye of a needle, near the pupil opposite 12,—this is the aorta.

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The section marked "a" in right Iris situated at 30° to 50°, has the following history: While the man stood on a high loaded freight car, he was struck by the lower beams of a bridge under which they were passing, incurring serious injuries to the occiput, neck and right ear.

233. α=extirpated uterus.
β=extirpated right ovary.
γ=extirpated left ovary.
δ=, ϵ= } signs in abdomen following 4 incisions for operation
ζ=, η= } Cancerous tumor of abdomen
θ=Cancer of rectum.

The area of the back (27-2-1908), is a Special Diagnosis of the case illustrated on Plate 143. Spinal cord disease.

The topmost special diagnosis represents gouty deposits (urate of sodium) in the eyes, associated with severe pains and flashes before the eyes; very sensitive to light.

The illustration at 120°, left Iris, represents uric acid deposits in the left breast. The patient believed she had cancer of the left breast, for the reason that she occasionally had shooting, piercing pains in that region. The Diagnosis from the Eye, however, could assure her that these pains were due to gouty deposits (uric acid), and not luecine, which latter is significant of cancer. The picture shows, in addition, healed lesions in the elbow and in the spleen.

The illustration indicated at 22-1-1908, represents a contraction of the pyloric orifice (see Plate 30).

The area of the chest (6-2-1907), shows the right breast of a woman seventy-five years of age, in part catarrh, and in part filled with luecine deposits (cancer) for the purpose of healing the catarrh, which latter had begun to discharge through the nipple. The picture also shows a healed lesion in the liver. On Plate 232 may be seen a picture of the same liver ailment as it appeared on the 28th of February, 1908, after having used the Mattei remedies for a period of a year. On Plate 233, however, calcium deposits are present (see the sharp white lines surrounding the black

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portion). Here the luecine deposits are beginning to dissolve. As soon as calcium deposits begin to form in any organic lesion of incipient cancer, the luecine begins to dissolve, and eventually entirely disappears, for it is no longer needed.

234. Apoplexy. α, γ, near 330°, right and left. He relates: Ten years previously he sat in his office; the weather was severely cold; suddenly the pen fell out of his hand; he shivered from cold. In order to get warm he went out to chop wood, and while he became warm, he nevertheless had a sensation of internal cold. A month later he consulted various physicians, who correctly assumed that he had become chilled, and advised putting on warmer clothing. He then consulted Dr. Lennander, Dr. Westerlund, and was later at Kneippbaden. No one seemed to be able to determine his trouble. At the suggestion of a nurse he had for a period of two months taken salt baths, but gradually grew worse, and finally a fearful trembling of the head, arms, and finally of the entire body set in (due to pressure on the Sympathetic). The Diagnosis from the Eye showed pronounced inflammation and effusion (limited by scar tissue), in the brain, in the centers for right and left-sided paralysis.

β, at 150° shows severe inflammation in the right hip; at α, is shown adhesion of peritoneum and intestines, similar to Plate 61.

235. Apoplexy α, β, γ, δ,—Madame B—, 1900. After 1903, there was paralysis of the tongue (β), arm (γ); left leg (δ). 1, tuberculosis of the ankle. 2, pains in right hip (3).

A. Following influenza, I had such terrific pains back of the left ear that I feared a mastoid abscess. I treated the condition in a rational manner, and in a short time high temperature set in, 102°—103°, with alternating unconsciousness and most terrific painful periods. After four days the fever ceased. B. Shows how the sign in the Iris appeared after the crisis. Thus, in four days, Nature was able to build calcium walls (scar tissue), and prevent organic destruction.

During a healing process, Nature proceeds in much the same manner as a railway engineer in laying a bridge; the bridge is first made ready, then, between two trains, or during a temporary suspenison of traffic, the bridge is hastily pulled into place over the stream. The so-called "crisis" is similar to such a process.

236. α, at 4—6. Serious uterine disease, originally due to gonorrheal infection—now cancer of the uterus and bladder.

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2, right and left legs paralyzed (infantile paralysis), following injection of Behring's Antitoxin.

2—left Iris—the knee and the musculature of the leg displaced as a result of accident.

237. Near 330°, right Iris; injured beneath the eye by the horn of a cow.

12—cancer of the pylorus.

14, left Iris—blood poisoning, for which an operation was performed, in left hand.

3, left Iris—uric acid diathesis.

17, strained muscles of abdomen, due to overlifting.

The large sign at 7, left Iris, is a navel rupture.

X, right Iris, cancer of duodenum, pancreas and liver, following an injury to the pit of the stomach. Died in about a week following the operation.

The remainder of the signs are easily understood by the reader.

238. 3, 6, kidney and bladder disease—catarrh and inflammation; at 15—ovaries, catarrh in right, inflammation in left; right leg—following confinement, static congestion with swelling, later atrophy. The patient was bedridden for a year. The original cause was excess of uric acid in the blood.

239. α—β. Syphilis (4). The right testicle removed by operation. Recently examined by many physicians. Because of blood in urine, tuberculosis of kidneys was suspected. The cause, however, was stone in the bladder. It is not possible to directly see the stone, but the effects soon become evident. See the right kidney.

K—The author's spleen. The largest spleen lesion I have ever seen.

It would be in order here to elucidate somewhat the cause of malaria (a spleen disease).

In accordance with a work by Professor Almquist, published in 1902, entitled "Hälsolärans Framsteg" (The Progress of Hygiene), scholastic medicine, through its coryphees Laveran (Nobel Prize Winner), Golgi and Ross (the latter Nobel Prize Winner), claims to have solved the cause of malaria.

Scholastic medicine now teaches that the malaria bacillus is to be found only in malaria patients and in mosquitoes; the mosquitoes bite the malaria patient, becoming infected thereby with the malaria bacillus, and by biting healthy persons, the mosquito infects these individuals with the germ, causing them to

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have malaria. And now it is a simple matter to rid the world of malaria; disperse the mosquitoes merely by sprinkling petroleum on pools of stagnant water, and by draining swamps (all of which I recommend); to neutralize the effects of those poor innocent mosquitoes who may have escaped and who may infect malarial patients with the bacillus of malaria, a strenuous quinine-cure is prescribed.

I would therefore ask: as it is now established that the malarial bacillus is to be found only among malaria patients and mosquitoes, and that the innocent mosquito must first have been infected by a malarial patient before such mosquito could have infected healthy persons—I ask: *how did the first malaria patient contract malaria, at that early date when no mosquitoes were infected by having bitten malaria patients?* Scholastic medicine is not able to give the answer to this question. It is to be hoped the following facts may open the eyes of scholastic science with regard to the falsity of the entire bacteriological system.

The *primary cause* of malaria, I maintain, is due to living in swampy, marshy districts which prevents a normal eliminative activity of the skin. The result of this is to cause the scurf rim to develop, with its consequent inflammation and catarrh of internal organs, particularly the spleen, and eventually a chronic decomposition (disintegration) of these organs, promoting the development of micro-organisms. This procedure may be traced and verified by The Diagnosis from the Eye.

I admit that a disease may be produced by the injection of disease-products (decomposed albuminous material) directly into the blood of a healthy individual, and malaria may likewise be produced in this way, as a result of the poison injected into the blood by the mosquito. For this reason one should spare no pains to eradicate mosquitoes.

But the original, true, and primary cause of malaria is to be found only when the question has been answered: *How did the first malaria patient contract malaria, if he was not infected by a mosquito?* The Diagnosis from the Eye maintains: There would be no malaria if there were no swampy, marshy tracts of land, just as there would be no yellow fever if there were no unhealthy districts in Central America. An Italian professor has briefly, but correctly, expressed his sentiments with regard to Ross' theory, as follows: "Assurdita" (an absurdity). Never-

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theless, Ross could console himself by having received the Nobel Prize in 1902.

Here is a chapter from by own personal experiences with malaria. Greatly weakened by a revaccination, I contracted malaria through having lived in a section adjacent to where some foul-smelling seaweed abounded. Every Spring during seventeen long years, I suffered attacks of malaria in spite of enormous quantities of quinine. I was eventually cured by the Mattei remedies; but nevertheless for many years I frequently had mild relapses, which, however, soon passed over.

Long before Ross came into the limelight, I had discovered that whenever I was bitten by a mosquito, three days later I suffered an attack of malaria, and I explained the matter in the only way that seems rational; thus, *the mosquito injects ammonium urate into the wound made by its proboscis;* this causes a chemical decomposition of the blood and tissues, and particularly the tissues of the spleen. This seemingly would corroborate Ross' theory. It would, provided he had not said that the *malaria bacillus* was the cause of malaria. Malaria having practically disappeared, so far as Sweden is concerned, there are no longer any malaria patients to infect the innocent mosquitoes. However, instead of malaria, we now have influenza, which is likewise a disease of the spleen.

I am very susceptible to mosquito bites and to the most minor blood poisoning, and, indeed, a mosquito bite is a certain form of blood poisoning. There are millions of people, however, who do not contract malaria, even though they may be repeatedly bitten by mosquitoes. There is a phenomenon of added significance, that, in earlier years I experienced my attacks of malaria during the months of February and March, when there are no mosquitoes abroad; but my indisposition at this season of the year was due to the raw, damp weather,—quite the same kind of weather that gives rise to influenza.

Summary: First, impaired skin action; then follows disease of the spleen; thereafter, malaria, which frequently is produced by mosquito bites, even though the mosquitoes may not be infected by the malaria bacillus. (We therefore emphasize the necessity of eradicating mosquitoes). Malaria is also frequently caused by sudden changes of temperature, exposure to cold, and excessive bathing.

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ϵ, δ,—cancer; ζ—cancer of esophagus. Artificial feeding through a rubber tube inserted through the abdominal wall into the stomach. Died in one year after the operation. γ, right Iris, appendix operatively removed.

12, tuberculosis of upper lobe of right lung.

δ, right Iris—right ear with perforated ear-drum and total deafness.

ζ, left Iris—uric acid deposits, with ringing in the ears.

η, operated nose polypi; my own case.

8, goitre. The cause of goitre is the drinking of water containing an excessive quantity of radium.

240. 3, α, δ, extirpated right kidney.

2, tuberculosis of the left knee.

K—defect in abdomen.

ζ=hysteria.

η=dizziness.

241. 16, α,—hip defect following injury in year 1893. Constant discharge of pus. Under medical treatment many years.

β. young girl sixteen years of age had a fall, injuring the pelvis, uterus and bladder, causing her to be bedridden.

X^1, X^2—has had pains all her life in chest, arm, spleen, diaphragm.

X^3,—the left leg is bent and too short.

X^4,—a "break" through the Sympathetic by a fall on the back, followed by severe vomiting.

Y—Epilepsy.

Z—Abscess in left groin, persisted many years, following operation for chancre-bubo. Several times operated—now healed by the Mattei remedies.

242. X—Cancer of the liver, with severe jaundice. Died a month after the Diagnosis. At the edge is an enlarged picture of the lesion.

XX. Cancer of the right breast.

7—7—Injury to the lower part of the back, due to a fall.

Near 4, right Iris—the right testicle extirpated.

12—13. Received a most severe shock on hearing that her father had drowned, so that hemorrhage of the lungs and heart trouble resulted (the sign of the heart defect is shown on the Sympathetic as a black point).

11, left,—operation of the cervical glands.

2, right and left—healed injury to the leg.

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243. α—ϵ 10-7-1908. The patient relates: In the year 1895, as a seaman on a cruise to Jamaica, contracted rheumatism of the hands and feet. Treated for a month with salicylic acid and cold compresses. In 1898, at Norrköping, treatment for two and one-half months for rheumatism of the feet. In 1899—Kneipp Cure. In 1904-1905, baths at Barcelona, Spain. Was sick for 14 days after return to Sweden. In 1905 the rheumatism had distorted the hands and feet. Had gonorrhea in 1898. Cured by the use of the Mattei remedies. 8—Goitre as the result of drinking radio-active water. At 30°, left, dizziness as a result of a blow on the occiput.

244. 1—3 belongs to the Diagnosis of Madame Anna N. Kroksta, Örnsköldsvik. 1, uterus, 2, bladder, right, 3, liver. The patient relates: "Three years ago I consulted Dr. W— in Örnsköldsvik. I complained of lassitude, lack of appetite, pains in abdomen, in the chest and in the joints; medicine was prescribed and I appeared to have recovered. Last Summer I was again ill, in about the same way; received medicine, and improved, but later had a severe hemorrhage lasting 12 weeks. Then again a repetition of the ailment lasting 6 to 8 weeks. I then consulted Dr. S—, who declared that I actually had cancer of the liver, and that there could be no hope for me." After two year's treatment with the Mattei remedies she wrote me to the effect that she continues to become stronger as time goes on, and has never been so well since her youth. (Dr. S— is Dr. Sjögren, my old adversary, and now (1911), claims to be a Homeopath).

4—left leg and 5, left hip (injuries).

6—right ear, 13, left ear.

7, 8, 9, defects in brain, right; 10, 11, 12, same, left.

14—significant enlargement of the sigmoid flexure of the colon. In an intestine of this nature, worms are quickly developed, as the fecal matter is retained too long and undergoes fermentation. A good remedy for this is Mayalac[1] and dates.

15—(right Iris at 180°), Mrs. Martha L—, right leg, during pregnancy the limb swells to an enormous size.

15 (right Iris near 150°). Reverend B—, suffers periodically with fearful pains in the right side of the abdomen.

17, 18, 19. Hans O—, Kårböle, Årberget. Chest crushed by a

[1] Mayalac, a special Bulgarian Fermented Milk, may be obtained from The Mayalac Laboratory.—See Advertisement.—Tr.

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horse and one rib was broken. 20, rectum, sphincter muscle relaxed.

Between 1 and 21, right kidney. Albumin in the urine.

22 (right Iris at 300°, and left, at 60°), nose polypi, and at 23, right and left, catarrh of throat.

The sections between 270° and 300°, in the left Iris containing the white snowflakes indicate an arsenic-poisoned lung, of Mr. Faulkmann. He had been exposed for many years to arsenical-poisoning, through wallpaper.

245. 1, left leg broken. 2, the right ankle severely bruised, two tarsal bones are sensitive and the foot greatly swollen.

3 (both eyes). The spine of an Upsala student—slopes noticeably, with curvature to the left.

4 (both eyes). Nose polypi operatively removed.

5 (both eyes). Ear defects. During the past 25 years the patient's hearing had gradually grown worse until at the present time is very hard of hearing. He has also had a catarrhal discharge from the left ear.

6 tumor of ovary, right.

9 (both eyes). Reverend Elfgren—lungs, with asthma (chronic inflammation). He died in about a year following the Diagnosis, but without having used the Mattei remedies.

10 Scrotum, cancer of right testicle. 11, inflammation of the bladder, right. 12, inguinal, hernia, right.

13 and 13-½. The following history of Helmsman W— may be of special interest. In 1877 he had fluid in the right pleural cavity, while in the Phillipines; no medical treatment. In 1880 a stubborn gonorrhea while in Japan. Contracted typhoid fever in 1881, while on the island of Vancouver, off the coast of British Columbia and was treated by a Dr. Fick. Recovering from typhoid, there was a recurrence of the fluid in the pleural cavity, and while the physician advised tapping, he refrained from so doing. On a cruise to Alaska, typhoid again set in, complicated with fluid and pus in the pleural cavity. One and one-half liters of pus was drawn from the pleura. While he had a good appetite, the pleura had in three days again filled with pus. A silver drainage tube together with one of rubber, were inserted in the chest. For ten months an enormous quantity of pus flowed. By that time the pleura had begun to disintegrate and decompose. Another incision was made and a second drainage tube inserted. After a time, maggots and vermin developed in the chest. One day he

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removed from the chest more than three hundred worms over half an inch long. (At this stage of his story I began to doubt the plausibility of his narrative, in spite of the fact that I saw the pitiable conditions in the region of the chest, but he made his declaration of the truth of his statements, with his hand on the Bible, and was so much in earnest that I was constrained to believe him). Soon two ribs were cut away; shortly thereafter five more removed, the chest cavity was opened and irrigated. After being in the hospital two years, he was sufficiently recovered so that he could return to Sweden. The American newspapers had all highly praised the successful outcome of the operation. If only the editors had seen what I had seen! Since leaving America, there was daily discharged from the open breast, a half cup of pus. Miserable and emaciated, he was unable to do anything requiring the slightest effort. Can this be called a cure? Whenever I read in the newspapers of some wonderful masterpiece of surgery I invariably think: "Let us see how long it will last." One fact is certain: after the knife has once been used, it is impossible to thoroughly heal an ailment. Every operation causes indelible signs to appear in the Iris. It goes without saying that in such an extraordinary case I would be intensely interested, and I requested the man to disrobe in order that I might with my own eyes behold the conditions he had described. The sight was most grewsome indeed. It might also be mentioned that the patient had had a watch chain made of the ribs which had been removed. He died in about a year following the Diagnosis, without having tried the Mattei remedies, and furthermore, they could not have been of much help, as his ribs could not be replaced.

14 Gallduct, healed.

15 right shoulder severely injured, 16, the occiput likewise injured, right side. 17, the forehead, injured by a blow over the left eye.

Left Iris at 30°. As the result of his horse running away, Lieutenant L— was so severely injured on the forehead, and the upper half of the left eye that he was unconscious for an entire day.

The figure in the left Iris between 210° and 240°, is a mark due to a serious blow in the pit of the stomach, involving the diaphragm.

18 Blow on the left temple. 19, inflammation in left cheek.

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22 Sign due to injury. 26, leucorrhea. 27, in left Iris, at about 10°, Hysteria, sexual perversity. 27 in the right Iris, 330° and 0°, as well as in the left Iris at 210°, the signs of suppressed scabies. 29, nerve rings.

Left Iris at 150°, signs of hemorrhoids.

The small white snowflakes between 3 and 4 in the right Iris are arsenic signs.

246. 1, healed epilepsy, (see Plate 253). The sign of epilepsy is surrounded with white lines.

2, the sign of a blow on the upper part of the chest, near the breast bone on the left side; injury took place 20 years previously. 3, pus, discharging through nipple; the entire breast is swollen and painful.

5, right clavicle, 6, neck, with swollen glands.

7, in the right Iris at 210°, taken from the Diagnosis of Mrs. Anna V—, Åbyn, Brännfors. At the birth of her first child it was necessary to perform an operation to permit of the child being born. Nevertheless, the child died, while the mother survived. Subsequently, after having used the Mattei remedies, she was able to give birth to a child, and without surgical assistance.

8, sign of an operation for a tumor of the breast, right.

9 (right Iris between 300° and 330°). α—the area of the eye, β, the area of the nose, γ, the throat, right side, Mr. O—, of Trehörningsjö.

Had had the nose polypi removed by operation (see β) from which the trouble in the eye and cheek originated. Compelled to breathe through the mouth—constant pharyngeal catarrh.

12 (in left Iris, near 60°), mark following operation for nose polypi, in my own case.

14 (below the foregoing, but near 30°), sign following an operation above pupil in the left eye, for removal of a splinter which had entered the left eye.

10 sign of hysteria—Fraulein Lotte S—, of Vienna.

α—ζ belongs to the Diagnosis of Mrs. Sigfrid O—, Kolsätt, Elfros. α (left Iris), cancerous tumor of stomach. She had consulted the celebrated Dr. Westerlund of Enköping, who stated that she was suffering with cancer of the stomach, and wished to send her to Stockholm for the purpose of having the tumor operated. Instead of the operation, however, the lady turned to Electro-Homeopathy. Up to the present time her improvement has

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continued. β—rectum, constipation. γ—left kidney; according to medical diagnosis she had had kidney trouble for 13 years. δ—(right Iris) enlarged liver (compare Plate 247, sign 16). ϵ—inflammation of right ovary. ζ—inflammation in groin. Connecting line between ϵ and ζ.

50 (right Iris, at 180°). The patient received a bullet in the calf of the leg, following the tibia or "shin-bone," and coming out at the ankle.

60 (left Iris, near 210). Patient was injured in the abdomen with the sharp end of an oar. After this severe injury for a long time he suffered intense pain in the groin and abdomen.

In the left Iris, at 180°, is the sign of muscular atrophy, in a man, Petrus M—, thirty-five years of age. The muscles of the legs had wasted almost completely away. He could not remain long in a seated position, owing to pains, and could not raise himself from the chair without help; so was compelled to lie down most of the time. Being brought to me, he required the use of crutches, and could not walk up the stairs except by bringing one foot at a time to the level of the other. After the use of the Mattei remedies for the period of one year, he could walk a distance of 8 to 10 miles. He is now married. In Plate 248 the reader will observe the improvement that had taken place in the condition of his leg during a period of two weeks. Here we see pronounced catarrhal signs, but in the picture made two weeks later the defect is well healed with the white lines of calcium.

247. 1, epilepsy, in the case of a young man. As a small child he had received a blow on the left side of the head. Afterward there was a small catarrhal discharge from the ear continuing for several years. At the age of 18 he consulted Dr. Sjögren of Örnsköldsvik, with regard to the ear. Dr. Sjögren declared that it was necessary to cure the catarrhal discharge in order to prevent tuberculosis of the bone. He treated the discharge so well, indeed, that it very shortly stopped, but epilepsy set in very soon thereafter. A rational method of treatment reproduced the catarrhal discharge from the ear, after which the epilepsy disappeared.

2, 3, 4, 5, 6, belong to the Diagnosis of J. J. Quarnlund, forty-seven years of age. About twenty years previously he had been crushed against a partition, by a vicious horse, so that for the period of an hour it was difficult for him to breathe normally. Later he experienced a congestion like a ball in the chest, together

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with pains in the abdomen, which continued for the space of three years, until, through an attack of vomiting blood he obtained relief. 2, defect in the lower part of the trachea; immediately beneath this sign is observed an indistinct figure 3, which indicates a defect in the esophagus, which it partly covers. 4, the defect in the back and left shoulder-blade, 5 and 6, defect in chest, right and left.

7, left ovary, with "cramp" or nerve rings.

8, 9, 10 (in right Iris at 150°), together with 11., Conrad B—, Kinstaby, seventeen years of age, who was brought to me suffering with tuberculosis of the thigh (this had been operated several times); and in addition the patient was hunch-backed (see sign 11). 8, right leg. While it is true that caries of the bone appears to be a dangerous condition, nevertheless, it leaves no very deep mark in the Iris—merely that of an inflammation, with a little black shading therein. 9, 10, right hip. He died three years afterward; the condition of the back is also worthy of study.

10 (in the right Iris, at 210°). The "square" sign denotes an operation for dilating the neck of the uterus. The patient has also suffered from leucorrhea and prolapsus of the uterus.

12 and 13, pronounced "artificial" inflammation due to drug poisons; the white sign in the picture is in reality yellow. At 12, in the neck is a sensation as of a ball in that region, with pains periodically. At 13, is a sensation of pressure in the brain.

15, left leg, Count von T—, thigh broken.

16, 17, 18, 19. August C—, Hernösand, ten years previously had been condemned to die of liver trouble, as that organ had become enormously enlarged (see sign 16 in the right Iris between 120° and 150°). Had been treated with iodine and mercury. 17, indicates catarrhal discharge from the ear, mercurial sign adjacent. 18, is a remarkable enlargement of the ascending colon. 19, right lung, healed signs in the middle lobe; inflammation in the upper.

In the right Iris, at 330° is the sign of abulia, loss of Will Power, and in the left Iris at 30°, is a sign indicating insanity.

21, incipient cancer in the front part of stomach, left. To the left of these signs is seen a tumor (cancerous) of the stomach.

248. 1, bladder, right. Ivar M—, received a severe blow over the bladder, after which there were sharp pains during urination. For approximately four years had consulted physicians to ascer-

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tain the nature of the trouble, but all had declared that there was nothing the matter with the bladder.

2, (left Iris, at 180°), left leg of Petrus M—, after healing had begun (compare same sign in Plate 246).

3, (in the right Iris at 30°, and in the left at 330°), total deafness of the right ear, partial deafness in the left.

4, tumor of the mammary gland of left breast. The lady asked as a preliminary, whether it would be possible to cure her trouble with the Mattei remedies. I replied in the affirmative, but added that it would require at least a year's time and would probably cost her 60 kronor for remedies. This struck her as being too costly and too long. She then consulted various physicians who advised the operative removal of the tumor. To this, she would not consent, and came to see me again. After a year of treatment with the Mattei remedies, the tumor has now disappeared and her entire physical condition very much improved. The young woman was between twenty and thirty years of age. Another young woman of about the same age was suffering from a similar tumor of the breast. She, likewise, deemed the cost of the treatment too great, and went to the hospital at Sollefteå, where the tumor was operated, and she remained in the hospital for a period of six weeks. Her hospital expenses amounted to 41 kronor. Thus: a tumor removed by operation is a more rapid and perhaps, cheaper cure than by means of the Mattei remedies—but the after-effects! The lady returned home with a deep incision in the breast, and was pale and emaciated.

7—breast, operated by Dr. C—. Sollefteå.

5, the left kidney, Mr. O. A. H—, twenty-five years of age. According to Dr. R—, the patient was suffering with albumin in the urine. In accordance with Iridology, he had, in addition, tuberculosis of the kidneys.

6, the back, Mr. Erick M—, in a fall had severely injured the back, and had suffered a long time from the effects.

8, healed cancer of the liver, Mrs. M—, following four months use of the Mattei remedies. The middle portion of the sign, which at the first Diagnosis showed as an open catarrhal tumor, is already surrounded by white lines. The following history applies to this particular sign. According to the testimony of two medical men, this lady was suffering with cancer of the liver, and from the one she had received the advice to proceed to Stockholm and be operated on. Instead of that, she determined

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to try the curative properties of Electro-Homeopathy. Four months after beginning the cure, she again consulted me to determine by The Diagnosis from the Eye whether she was progressing or retrograding. Dr. Sellden, who happened to be present on the occasion, also examined the patient and then stated: "Madam, ordinarily you would have died months ago, because of your ailment, which usually terminates in three months. I have seen many similar cases in Stockholm which have terminated in that period." This was in June, 1895. The lady still lives and enjoys a happy state of well being, but no doubt her former physicians would declare that her trouble was not cancer of the liver. We will let them so think. Before the allopaths would admit that the Mattei remedies would cure cancer they would prefer the disgrace of having made a false diagnosis.

A similar case would likewise be in order to present here. One Herr Gavelin came to Stockholm for the purpose of having cancer of the tongue operated upon. There was a relapse of the ailment, and during his second journey to Stockholm he learned of the Electro-Homeopathic method of healing. He began the Mattei treatment in 1893, observing all features of the treatment with scrupulous care, and when he consulted me in 1897, four years after beginning the treatment, the tumor on the tongue had entirely healed, and his complexion, previously a straw-colored yellow, was now blooming and ruddy. He related that the physician in his home town had heard of the cure and requested the privilege of examining him in order to verify the facts. Herr Gavelin was agreeable, and the doctor declared the case cured, but stated that he had never had cancer. Herr G— contended: "But the Professor at Stockholm said that it was cancer." And the doctor then said "Even a professor can make a mistake in diagnosis." Herr Gavelin is still hale and hearty, 1911.

9, (in right and left Iris). Katherine N— now fourteen years of age. At the age of six she had contracted syphilis in the mouth and throat, and was treated with mercury. Now complains of pains in the throat. Frequently the mucous membrane of the mouth sloughs off. There are terrific pains in the head, and in all the joints.

10 the sign of epilepsy, already healed.
11 cataract in right eye.
12 right foot cut off in a railway accident.

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15 injury to the left shoulder blade. This man, Mr. M—, together with a helper, was carrying a heavy steel rail. His companion suddenly dropped his end of the rail causing a terrific bruise to Mr. M—'s shoulder.

249. 1, Throat and Bronchi, right and left, with inflammation, catarrh and arsenic deposits. Israel J—, sixty-five years of age. α and β, nose.

3 and 4. Jonas T—, fifty years of age, consulted me on the 13th of October, 1897. He related that for six months there had been a catarrhal discharge from the right ear, during which period he had also suffered most terrific pains. Physicians whom he had consulted, had diagnosed the case as tuberculosis of the bone. Owing to the severe pain it was not possible for me to make a picture of the area involved. However, after he should have succeeded in relieving the pain and curing the catarrhal discharge he promised to return and allow me to picture the condition. The figure at 3, and 4, shows the conditions after the pains and the catarrhal discharge had disappeared. The sharply marked white crescent indicates mercury. The catarrh and inflammation in the ear area covers a space of from one millimeter beyond the ear area, into that of the brain, and downward, including the entire area of the neck. At the bottom of the brain is shown a deep and clearly healed catarrhal defect, which was the original basis of the disorder.

5 to 12. Per Persson, Norra Degerfors, forty years of age, consulted me in August, 1896, after having been operated upon, the preceding July in Stockholm, for stone in the bladder. The urine was bloody and contained pus. On the 26th of January, 1898, he again consulted me, when the accompanying picture of his trouble was made. He had meanwhile treated his case with the Mattei remedies. First of all, he related, there was eliminated coarse sharp-edge gravel in the urine; gradually the gravel became finer, and eventually there was a fine brick dust, when the blood as well as the pus disappeared from the urine. The signs 8 and 12, show the kidney, quite well healed, but at 7, there is still to be seen a slight inflammation. A large incision in the bladder, left, is likewise healed, although the base of the bladder both right and left, is still encumbered with an open catarrh (see signs 10 and 11). The urethra has an open defect, doubtless due to the operation. 5, is a defect in the abdomen, the result of overlifting while working in a stone quarry; this was followed by

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pains and bloody urine. 6, is an extremely fine white line connecting the kidney with the abdominal defect. The Mattei cure is thus splendidly exemplified in this case; the man appeared strong and healthy; nevertheless he died shortly afterward, not, however, of kidney and bladder trouble, but as a result of blood-poisoning contracted from a rusty nail. His daughter advised me in a letter, that her father was taken to the hospital at Umeå, to undergo an operation for the blood-poisoning. The man, however, would have preferred to have called me in the case, but this was impossible, owing to the great distance, and so he went to the hospital, with gloomy forebodings. There are certain people, who, having been saved from one danger, immediately fall into another, and so meet their fate, as expressed in the proverb: "Against Fate, even the gods labor in vain."

30, inflammation of the cervical glands, left; daughter of the patient mentioned in the foregoing.

14. Salomon Petter P—, Lomsjö, Åsele, thirty-seven years of age, had suffered for three years with epilepsy. Here is shown the preliminary sign of healing of the lesion.

20. From the Diagnosis made 4-4-1898, of Mrs. Anna E—, fifty-five years of age. Her history is as follows: during the first ten years of her life, she had been very well, with the exception of a fever at the age of six. Then a gastric colic set in, continuing for a period of five years. The menstrual flow did not appear until she was eighteen years of age, and was very painful. Later she suffered for a number of years with scald-head, but was otherwise quite well, although the skin eruption was treated with lotions and ointments. At the age of twenty-four an abscess appeared on the right ankle; she was confined to her bed for an entire year, and it was the opinion of all that she would never recover. However, at the age of twenty-eight, she was married, later giving birth to a child, the confinement being a most severe ordeal; afterward never quite well. In about five or six years following this, a tumor appeared on the right breast (see sign 20), which continued to increase in size. This cancerous tumor was operatively removed by Dr. Greve at the hospital in Östersund in 1897, on which occasion the skin of the chest was laid open, uncovering the clavicles and ribs, and the ribs were scraped. In spite of this, another tumor appeared in the breast the same year, and in the following year, still another. Then she came to me for the purpose of giving the Mattei remedies a trial. The results

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she derived in her treatment of her case is best indicated in a letter to me 4-12-1901, which is as follows: "Permit me to express my heartfelt thanks for the help you have extended me in my most severe cancer ailment.....It is my humble opinion, at least, that all who suffer from the above-mentioned disease should make use of the Electro-Homeopathic method of treatment; it is the most effective. Were it not for the fact that I had decided to come to you, and thus found help, I am certain that I would not have been alive today." Still living in 1911.

36, ribs deeply crushed inward from an external injury, causing pains in heart, indicated by 35.

50, liver defect, Mr. Norlander, of Tuna. The physicians had diagnosed the case as cancer of liver in the last stages. The patient died in about six weeks following the Diagnosis.

250. 1, Epilepsy. Patient a prominent merchant between thirty and forty years of age. About three years previously the seizures had begun, and he had been under drug treatment for about that length of time, with the result that his condition had become progressively more serious. Consulted me on the 15th of August, 1901, and then began the Mattei cure in the following manner: Only one teaspoonful of S1, daily, in a sufficiently high dilution to avoid being "stirred up" by the remedy, and, if necessary, to raise the dilution to the 60th, 90th, or even the 120th dilution; in connection therewith, a compress of Red Electricity, covering an area of a hand-breadth, applied to the occiput. At the end of eight months he had made such progress that during the last four months of that time he had no attacks whatever. A Diagnosis of his present condition is found on Plate 255. After a year or two he began to drink; then there were relapses. I decided to give him up.

2, Epilepsy, Mr. S—, had suffered with the ailment for twenty years, but the attacks came only at night. Did not use the Mattei remedies. The white crescent is mercury.

3, Captain Gustaf Öland, Hernösand. Suffering with a serious lesion in the rectum (see sign at 150°). As he was admitted to the hospital to undergo an operation, it was discovered that there was a cancerous tumor in the upper part of the rectum, and which pressed on the bladder. (a—neck of bladder). It was then decided that an operation would be too dangerous a procedure. The patient then turned to Electro-Homeopathy, continuing for about two months; not being cured by that time he decided to have the

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operation performed, but died as a result. The rest of the signs on this Plate indicate: β and γ, the sigmoid flexure of the colon. δ, the left kidney, and the sign near 180° indicates an injury to the inner side of the left foot.

4,Naval Instructor G. B—, while serving on shipboard as helmsman, the right foot was cut off by an anchor chain. The most serious effect of the blow was sustained on the inner side of the lower leg, as indicated on the picture. Mr. B— now wears an artificial foot.

5, It frequently occurs that in examining patients suffering with abdominal disorders, the allopathic physician makes an exploratory incision in the abdomen to determine the nature of the ailment. Such unfortunates have later consulted me, and in this manner I have been enabled to most positively establish the area of the stomach in the Iris.

The following is an example. On the 3rd of September, 1901, James Forsström, a merchant of Hudiksvall came to me, after having had an exploratory incision performed by Professor Åkermann of Stockholm. The muscles of the abdomen were laid open in order to examine the outer surface of the stomach; numerous cancerous tumors were here discovered, so it was deemed inexpedient to operate, and the abdomen was sewed up. The signs of these tumors are indicated in section 5, α and β. I could give the unfortunate man no other consolation than to try the Mattei remedies and thereby ease his terrific pains. He died on the 24th of October, 1901, and shortly before he passed away, he informed me that owing to the use of the Mattei remedies he suffered no pain to speak of.

While it is true that this case added to my knowledge of Iridology, nevertheless, the practice of making exploratory incisions is to be condemned, and it is no longer necessary, as Iridology will disclose the internal conditions relative to a disease, avoiding these grewsome operations.

251. 1 and 2. Edward L—, Hudiksvall. The left leg and hip had been run over by a vehicle. 1, left leg; broken below the knee. 2, the left hip.

3 (in both eyes), lupus of the throat. The former physician of the patient could only say "that she had a most diabolical condition in the throat."

5 and 6. August L—, twenty-four years of age. After vaccination, rickets set in. At the age of fourteen to fifteen a de-

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formity of the spine and chest manifested itself (see sign 6), particularly on the left.

7, uterus defect, myoma removed operatively. Severe hemorrhages of the uterus. Painful menstruation (see "cramp," or nerve rings).

20. William S—, twenty-eight years of age. During the last three years has had epileptiform seizures, for which bromides had been prescribed. The attacks come only after a drinking bout. My prescription: refrain from drinking.

30 (right Iris, at 120°), right arm, dislocated elbow-joint.

50 (right Iris, at 180°), foot cut off in a railway accident.

100 and 101 (in right Iris). Healed appendicitis lesion (100).

101, pains in peritoneum.

100 (in left Iris). Captain M—, had gonorrhea; following this, severe pains in rectum, which prevented him from following his occupation. Treated with tannic acid solutions by one physician after another, without avail. After one year's treatment with the Mattei remedies, was able to take command of a ship. Still living in 1911.

252. The signs 1 to 15, belong to the Diagnosis of Mr. David T—. He had contracted syphilis, and is now suffering with atrophy of the spinal cord. The Iris discloses numerous signs of pronounced inflammation, catarrh and loss of substance, principally in the area of the spinal cord. 1, bubo, right. The large sign at 4, is the appendix. He has had appendicitis. 5, right kidney. 6, sexual organs—open catarrh in the urethra, the lower sign indicates hard chancre. 7, bladder, right. 8, back, right and left. 9, bladder, left. 10, rectum. 11, left kidney. 12, left leg. 13, left hip. 14 (left Iris at 240°), left side of the chest. 15, left lung. Patient died soon after this Diagnosis was made.

16 (in the left Iris at 330°), sign of epilepsy, as well as pains in the left ear.

16 (in the right Iris at 120°), right arm has been sprained. 17 and 18, defect in pleura, also two ribs broken.

20. From the Diagnosis of Mrs. Sarah V—, fifty years of age. 20, is the area of the upper and lower jaw, right and left. 20, α, tongue is swollen and cracked. 20, β, signs of broken teeth in upper and lower jaw.

253. In the year 1897, a man was brought to me by his wife. As he appeared to be quite strong physically, I at first suspected insanity, but a glance at the man convinced me that such was not

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the case. "Are you suffering from epilepsy?" I asked, and the man replied "To tell the truth, I don't know what epilepsy is." At this the wife said, "Yes, he has epilepsy." I was then inclined to dismiss the man, inasmuch as I had for many years tried in vain to locate the sign and area in the Iris for epilepsy, and as I at that time did not understand either the nature or the cause of epilepsy, I did not attempt to cure such cases. Meanwhile, the wife related that while her husband was employed at a sawmill in Norrbyskär, he was struck on the left side of the occiput by a band-saw, and by which he was knocked down as one dead. Taken to the hospital; he was dismissed six weeks later as cured. Shortly afterward epileptic attacks began to manifest themselves, steadily increasing in severity. The physicians then suspected that a splinter of bone had been driven into the skull and the man was advised to go to Stockholm to be trepanned. After the lady had concluded her narrative I eagerly examined the eyes of the man, and good fortune was with me on this occasion. Aside from the marks of the terrible injury to the occiput, there was to be found no signs that were particularly serious or unusual. I, therefore, made an exceptionally exact drawing of the injury due to the accident in the skull and then compared the area with that of the scar on the skull. The heaviest blow had fallen on the brain, about one centimeter above the left ear, but the skull was cracked even to the temple. The accompanying diagram, and the area involved, have the following remarks noted: "Norrbyskärsmannen med öppen skada och fallandesot" (The man from Norrbyskärs with the open lesion and epilepsy), and shows the characteristic appearance of the defect. The larger of the two signs cuts deeply into the Sympathetic; hence, the origin of epilepsy must be here, for the sign nearest to 0°, is closed.

After I completed the Diagnosis, the man continued his journey to Stockholm. I had meanwhile requested that he visit me when he returned, which he agreed to do. Five days later he returned, with the information that in Stockholm the surgeons had not dared to operate, fearing that it might cost him his life. Under such circumstances, I concluded that there would be no harm in prescribing treatment for the man, and the results were so favorable that when a year later the man again consulted me, he was completely cured. Naturally, I did not neglect to make an engraving of this case of healed epilepsy, and in order to make this as complete an object lesson as possible, I did not compare

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it with the original Diagnosis until I had finished the drawing. This may be found on Plate 246.

Meanwhile I had taken advantage of every opportunity to examine epileptic patients, which cases I also continued to study with a keen interest during the progress of their disease, and my discoveries of that time have established the incontrovertible truth that in all cases of epilepsy, the above sign is to be found only in the left Iris, and in the left side of the occiput.

1 (right Iris at 150°). The sister of the merchant Hägglund of Trehörningsjö; as a result of heavy lifting, a tumor had formed in the right side of the abdomen, and had been operated upon in Stockholm, and a silver drainage tube inserted for the purpose of draining the enormous amount of pus which steadily collected. She died soon afterwards of tuberculosis. See also Plate 61, at 15-¾, right.

2 (right Iris at 30°). Sign of ear trouble following measles.

3 (left Iris at 90°). A sign of contraction of the esophagus; cured by the Mattei remedies.

4 (right Iris at 210°). Miss Anna S—, suffering with leucorrhea; also polypus at the external meatus of the urethra. The upper portion of this sign refers to the vagina, the lower portion to the urethra, the displacement to the right and left is the area of the uterus.

5, sign of inflammation of the bone of the right leg.

6, α and β, organ of Will (α) and of the Intellect (β), Miss Evelina S—. Patient was not quite normal mentally.

7. From the Diagnosis of Jonas F—, twenty-two years of age. Heart trouble. In the Fall of 1895, he experienced a stitch in the side below the heart, and was compelled to press the hand over the heart region for relief. Because of this heart lesion he was excused from military service.

50 (left Iris), sign of tape worm, in descending colon, sigmoid flexure, and rectum; case of my brother Gustav. By the use of Kusso, the tape worm was expelled.

100 (left Iris at 200°), sign of tuberculosis of the lungs. Patient died shortly after this Diagnosis.

200, catarrh of lungs, lower lobe.

100 (left Iris at 120°), Diagnosis of Miss Carolina C—. As a child she was burned on the back; after growing up, a wound appeared here, which was medically treated. Now the entire back is painful and sensitive, a vertebrae in the center of the back

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being especially sensitive. In the course of six months the back was completely cured by the Mattei remedies. Still healthy in the year 1911.

254. The figure between 150° and 180°, shows a healed peritonitis.

2 to 6. From the Diagnosis of Mrs. Lina P—, twenty-six years of age. 2, uterus, sensation of a downward pressure, leucorrhea. 3, rectum, has had intestinal worms. 4 and 5, bladder. 6, back, injured by overlifting.

7, Sven Petter P—, twenty-one years of age. Injured the left eye by falling on a harrow.

8. Miss Sara B—, twenty-one years of age. Has had an abscess in left ear.

9, right kidney—albumin in the urine; 10, shooting pains in the left breast.

11, right clavicle broken. 12, pains in back, left, presumably due to a blow.

13, tuberculosis in the upper lobe of the right lung, 14, catarrh of the left lung, Oscar L—, twenty-three years of age. He related that in the Fall of 1897, he contracted a severe cold, resulting in catarrh of the lungs. The doctor prescribed opium, and the result of this treatment was a heaviness in the chest, and a general debility, becoming more ill day after day until by the end of February, 1898, he was bedridden. Another doctor was called on the case, who prescribed creosote, quinine and opium. Here is an instance wherein the patient unwittingly is an excellent example of the manner in which tuberculosis is produced by drug treatment: the young man had a severe cough which was checked by opium; the catarrhal phlegm remaining in the lungs soon began to decompose, developing bacteria, and thus tuberculosis of the lungs was at hand; and this was treated with creosote.

15, The great toe was severely crushed. 16, the right eye injured by a glowing splinter of iron.

17, The left knee cap cut by a scythe.

18 (in the left Iris), Top of head and 19, occiput, injured by a fall.

18 (in the right Iris at 150°), severe pains in hip, healed.

20 (in right Iris at 120°), cancer of liver.

20 (same as at 330°) Abulia, loss of Will Power.

26, Right shoulder blade displaced. Patient has had most severe pains and has taken massage for same.

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Right Iris between 0° and 30°, Karin V—, Fanbyn. In the year 1892, the patient fell out of a tree, and cracked the skull on the right side. She was brought to the hospital where the bone splinters were removed, but after the wound had healed, only a portion of the skull was covered with skin. The accompanying diagram which was first made the 12th of April, 1898, shows the healed injury. The patient was brought to me because of the fact that in addition to the foregoing, was suffering with epilepsy. (see Plate 257).

Right Iris, between 330° and 0°. The patient received a fearful blow on the head, being struck by a freight car.

Left Iris, between 150° and 180°. Sign of kidney defect.

255. My own case. On one occasion, while I had influenza, I was compelled to preach nine sermons in fourteen days, when I became completely exhausted, took to my bed, as a result of pus in the pleura, and was bedridden for three and one-half months. In the beginning, the pleura area in the Iris (1), was dark. By the use of the Mattei remedies, internally S1, C1, A1, A3, F1, in dilution, compresses day and night, made of Red, Blue, White and Green Electricity, baths of C5 and Green or White Electricity, there gradually began to form in the dark catarrhal area, small white lines which ultimately surrounded the dark section, exactly as is pictured in this engraving. The black spot (2), indicates the breast bone, and two ribs broken during early childhood. 4, shows my healed spleen. In the year 1875, the physician who was then treating me, and in view of his expectation of my early demise, requested that I bequeath my spleen to him, that he might preserve it in alcohol. As a matter of fact, I have never seen in any other case as large a spleen defect as my own (compare Plate 239).

5, shows a healed fracture of the left leg. Mr. L—, of Trehörningsjö, had so crushed and broken the left lower leg that according to the statements of his physicians, eight splinters of bone were removed.

6, is the picture of a healed inguinal hernia, in a child four years of age.

12 (in the left Iris), shows the reader a picture of healed epilepsy in the case of Mr. Gusav A—, of Hernösand, after having been free from the attacks for a period of four months. By comparing this picture with plate 250, sign 1, the reader will observe that in the dark area a light figure resembling the figure 8 has formed. The nurse on this case also observed the remarkable

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change that had taken place in the Iris after the treatment had begun. Through a lens of double magnifying power, the lesion seemed to be completely healed, but with a stronger magnifying glass one could observe two small fine white lines leading out of the open portion of the figure 8. Therefore, the treatment should be continued for a longer period. This discovery of mine, i. e., that the progress of the patient may be traced by the signs in the Iris, has enabled me to place the corollary on Iridology: It is no doubt a satisfaction and an assurance to the patient to be able to examine his own eyes and "check up" as to progress.

Regarding the remaining signs on this Plate, 7, shows the beginning of a goitre—right side only.

10 (in right Iris at 120°), the lower arm fractured, but now healed.

11, right leg. Patient was kicked in the knee-cap, toward the outer side.

256. Right Iris between 150° and 180°. Severe pains in the abdomen, right side. Pains in the right leg, resembling the creeping of insects, and occasionally, convulsive twitchings.

Right Iris at 210°. Injury to external genitals. Effects of same caused blood to be passed in the urine.

10, Diabetes. The signs in the liver, in right Iris; kidney, in left Iris; both signs characterize this ailment.

39. David B—, Skellefteå; after influenza, pus in right ear, and a constant, unpleasant pain in right side of occiput.

Left Iris, at 60°. Mrs. Anna B—, Gideå, fifty-six years of age. Operated on for polypus of nose. The wound of the operation refused to heal, but another polypus appeared. Constant discharge of pus from left nasal passage, together with pain.

Right Iris, between 300° and 330°. Miss Martha R—, Björna, a tooth at the back of the mouth was extracted, causing a severe wound in the gum. Shortly thereafter the entire cheek, up to the eye, became swollen.

Left Iris at 0°. Miss Matilda S—, Norsjö, most fearful headaches in left side of occiput, following influenza. Has also sustained a severe injury to the top of the head.

1 to 5. This belongs to the Diagnosis of Miss Charlotta J—, Björna, thirty-three years of age. 1 and 2, transverse colon. α and β, acute inflammation in back part of stomach. 3, most unusual, broad enlargement of the descending colon. N. B. Take care not to mistake such a sign for a lung lesion; the Sympathetic is

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to be found between the area of the intestine and the lung. 4, tumor in stomach just below the cardiac orifice. 5, tumor in small intestines.

Left Iris, between 270° and 240°. Mrs. Martha S—, Bredbyn, twenty-five years of age. Received a blow from a well sweep, on the left chest. The blow glanced from above downward, as illustrated by the black line on the picture. At the same time, the upper part of the left elbow at 35, was so severely injured that the upper arm became swollen.

257. This Plate shows the Iris in approximately the natural size, and should be studied with the aid of a magnifying lens. 1, right leg, injured by being run over by a sled.

2, catarrh in the right kidney. 3 and 4, uterus and right half of the bladder injured. 5 (in the right Iris between 90° and 120°), shows the ribs of a patient who is chicken-breasted. 6 (in right and left Iris), shows the back of Pastor M—, of Roskilde. It is impossible for the patient to bend his back, making it necessary for him to sleep in a rocking chair. The left Iris shows a catarrhal sign, indicating the weakness in the back.

9, is the left bronchi, in my own case. Above this is a deeper but healed defect in the upper bronchus; below is a sign of inflammation in the vocal cords and lower bronchus.

52, left shoulder dislocated. 55, healed inguinal hernia of the right side.

In the left Iris, at 150°, is a defect of the rectum, in a young child. The mother relates; at the age of one month it was necessary that the child be operated at the rectum as bowel movements did not take place. According to the statement of the physician a membrane had formed at the lower part of the rectum (imperforate rectum), and the operation consisted of merely perforating this membrane, following which, the child suffered with constant diarrhea, day and night for about a month. Later on, injections of warm water were used during a period of about two years; afterward, the bowel movements became more normal. Later on, however, the enemata were of no avail, and after an absence of bowel movement for a period of eight days, another physician was called, who so radically dilated the rectum as to cause it to bleed profusely. Furthermore, as a result of the latter operation, bowel movements were so greatly interfered with that on one occasion six weeks passed without a normal movement. The abdomen had meanwhile become so enlarged that ultimately a bowel

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movement was mechanically produced as a result of this. After having used the Mattei remedies for a comparatively short time, and feeding the child largely a diet of fruit, it no longer became necessary to use the enema.

In the left Iris, between 270° and 300°, is a sign of acute inflammation of the lung (pneumonia), and, in the right Iris between 330° and 30°, the sign of acute inflammation of the brain.

In the left Iris, at 330°. Miss Karin V—, the skull was crushed (Plate 254), and later, epilepsy developed, as is shown by this defect. She was later thoroughly cured.

Left Iris, between 240° and 270°. Mrs. Martha L—, suffered with a great deal of pain in the left side of the chest. She took treatment from a certain woman who said she would "raise the ribs," but without avail. The small white spots are arsenic signs.

Left Iris, between 180° and 210°. Ivar P—, Föllinge, once had a severe fall, seriously injuring the left hip, the abdomen and the left thigh.

258. 1 to 4, belong to the Diagnosis of Mrs. Hilma E—, forty years of age. 1, abdomen, right side. 2, bone pains in right leg. 3 and 4, pains in the back, after a confinement. N. B. Signs such as 3, which lie either transversely, or diagonally, indicate external injuries, accompanied by cutting or tearing of tissues.

5 (in right Iris, at 150°). Right hip, Erik O—, Örnsköldsvik, thirty-three years of age. At the age of nine or ten years, there was the sensation in this area as of the skin being removed and molten lead poured on the tissues. At the present time there are only unimportant pains.

5 (in left Iris, at 150°), rectum; 6, bladder, left; 7, left kidney.

8 to 12, Miss Marie N—, Hålberg, Jörn. 8, she had suffered with a mild inflammation of the pleura. 9 and 11, complains of a lack of energy and loss of memory. 10, indicates small growths on the conjunctiva of the left eye. 12 (in left Iris, at 210°), injury to the left hip, when falling with a burden.

13 and 14. From the Diagnosis made the 26th of October, 1896, of Miss Brita Byström, Skalmsjö, Bredbyn. Being the only child of wealthy parents, and having inherited a very weak constitution, she had begun the Mattei cure in 1892 and since then has been an energetic champion of Electro-Homeopathy. The results were so favorable that in 1896 the right kidney was completely healed (sign 13); the left lung was still weak, however, according to the Diagnosis, (compare sign 14), but the physician who

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examined her for life insurance declared that she was perfectly well. In spite of my warning to the contrary, she discontinued the Mattei treatment, and at the end of a year she was dead. She died of acute catarrh of the stomach which terminated in three days. She must have yielded to the influence of her parents and allowed an allopath to be called in, and was doubtless treated in a manner that resulted fatally. She was only twenty-one years of age when she passed away.

15, represents a picture of a healed embolus (congestion of blood), in left leg.

16 (in left Iris), pains in occiput. 17, sign of a healed mastoid abscess.

16 and 17 (in right Iris), dislocation of right arm. 16, arm; 17, shoulder.

Right Iris, between 60° and 30°, and left Iris, 17. Difficulty in turning the head, inflammation of neck muscles, torticollis.

18, Blow to the back of the head resulting in dizziness now and then.

19 and 20, Injury to the back as the result of a fall. The figures here are just above the corresponding sign.

21, cancer of stomach with dilatation of the esophagus.

30, injury to the left shoulder after dislocating the arm.

31, inflammation of pleura.

32, acute inflammation of the spleen.

The causes of acute inflammations are either cold, heat, or injuries. When one assumes a sitting position there is naturally a mechanical interference with the circulation of the blood at the knees. If one were to sit in a cold room, and particularly if the floor is very cold, and one is lightly clad, the circulation is quite likely to very suddenly become congested. At the same moment there is set free in the blood ammonium carbonate, and immediately severe pains set in, together with swelling, as of the knees, for example. Acute articular rheumatism is then at hand, and the Iris reveals a white cloud in the area involved.

If one were to exercise heavily and become excessively warm, and suddenly enter a cold room, it might happen that the circulation in the lungs would suddenly cease. Immediately ammonium carbonate would be set free; severe pains and fever would set in, and pneumonia is at hand.

Heat may also produce the same effect as cold. Sunstroke is nothing more nor less than a congestion of the circulation in the

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brain, with consequent setting free of ammonium carbonate.

In cases of cholera and pest, the disease phenomena are identical, differing only in that the influences work more rapidly; not only is ammonium carbonate set free, but also ammonium urate, which causes prussic acid and ammonium cyanate to be set free, with a consequent disintegration of all the constituents of the blood, producing a rapid decomposition everywhere in the body. Thus, the white clouds which first appear in the Iris, indicating the acute inflammation, would almost immediately change into the signs of catarrh and loss of substance. These facts explain why cholera patients and pest patients die almost immediately after being affected.

My Simplest Forms of Diagnosis

Diagnosis from the Eye by Pastor N. Liljequist, 7-27-1910. Helmer Sundström, ten years of age, son of John Sundström, Sidensjö.

Color: mixed color; the middle portion is brown, the brain area, right Iris, brown; there is also a tinge of blue near the edge, and at the extreme edge is a medium scurf rim (skin action somewhat impaired); a few white snowflakes (on the Diagnosis xxxx), arsenic.

The isolated lines, the lines surrounding the defects and xxxx are light.

General Statement: as may be seen by comparing this Diagnosis with that of the father's (see the third Diagnosis in this series), the father belongs to the mixed color, as regards the Iris hue. The mother of the boy originally had had beautiful blue eyes, and belonged to the 2nd class of constitution. The mother has endowed her son with a good constitution; consequently, there is not a trace of the serious intestinal defects from which the father suffers. The boy, however, has inherited an inferior quality of blood from his father. By examining the organic defects of the boy, we find a large open lesion in the area of the occi-

Iris is fine, 2nd class

ORGAN AREAS

1—Stomach, Pancreas.
2—Legs.
3—Kidneys.
4—Urethra.
5—Rectum.
6—Bladder.
7—Back.
8—Throat, Bronchi.
9—Nose, Cheeks, Eyes, Forehead.
10—Brain.
11—Ear, Neck, Clavicle, Shoulder.
12—Lungs, Aorta.
13—Chest, Heart.

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put, at the left (10-½),—in the organ which is the seat of epilepsy; the boy has recently had epilepsy. Ordinarily, the cause of epilepsy is an injury, and while the patient has had an injury in this region, he has presumably inherited from his father, an organic weakness in this area. We further observe the large defect in the spleen, and in the diaphragm. The boy has had peritonitis (17, right).

14—Arms.
15—Liver, Spleen, Solar Plexus, Diaphragm.
16—Hips.
17—Abdomen.
The concentric rings indicate "broken" nerves—cramp signs.

Copy of the Diagnosis from the Eye, by Pastor N. Liljequist, 12-2-1909.

Frans Frederik .....

Color of the left Iris: light blue with a little yellow color in the area of the stomach (drugs), yellowish brown (drugs), a great many white snowflakes (on the Diagnosis xxxx),—arsenic, a metallic sheen at the edge (mercury), a light, though somewhat broad scurf rim—impaired skin action, instead of light sky-blue color as it might have been.

General Summary. The right Iris is unsuited for diagnosis as the patient has had Iritis, the result of being struck in the eye with a bit of glass. According to the diagnosis from the left Iris, originally there was a fine constitution (second class, with the theoretical possibility of attaining seventy-five to eighty years), with a good quality of blood and good color of eyes. There were no hereditary organic defects. The patient is now suffering with Arsenic Neurasthenia, and from the effects of the scurf rim—defective skin action. He had sustained an injury from a nail in the left knee which turns to the outer side. Besides the left knee, one may note with the naked eye, the signs in left kidney, bladder, lower part of back, and the lower lobe of the lung. At 10-½ (occiput), are signs of dizziness. The bronchi, stomach and intestines.

Iris is fine, 2nd class

ORGAN AREAS

1—Stomach, light yellow; Intestines—sigmoid flexure—colic.
2—Legs, (abscess).
3—Kidneys, (uric acid diathesis).
4—Urethra.
5—Rectum, (bloody stools).
6—Bladder.
7—Back, (pains).
8—Throat, Bronchi (has had bronchitis).
9—Nose, Cheeks, Eyes, Forehead.
10—10-½—Brain (dizziness).
11—Ears (ringing), Neck, Armpit (pains).
12—Lungs, Aorta.
13—Ribs, Heart.
14—Arm (numb).
15—Liver, Spleen (influenza), Diaphragm, Bubo.

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Symptoms he complains of: Arsenic Neurasthenia, pains in the back. Some bleeding from the hemorrhoids, dizziness. Intestines, particularly in the region of the navel. The pains in the region of the navel are also due to the spleen and back. The defect at 10½, was caused by a falling brick. N. B. The figure one (1), signifying the stomach area did not appear, owing to a technicality in the photographic process. The words appearing among the organ areas are memoranda of the patient's statements following a discussion of his condition, after the Diagnosis.

16—Hips.
17—Abdomen.
Concentric lines—some nervousness or cramps.

Diagnosis from the Eye by Pastor N. Liljequist, 7-12-1910. Mr. Johann Sundström, Sidensjö.

Color: that of the mixed generation, i. e., the middle portion is brown, then a blue portion with a little yellow, a few white snowflakes (on the Diagnosis xxx)—arsenical poisoning; two red spots—suppressed scabies; signs of mercury in left Iris. The isolated lines, edge of defects and xxx are light.

General Summary: With reference to the intestinal area, the constitution belongs to the class of the hereditarily encumbered. In other respects there is a constitution of the second class. The color, which is a "mixed color," is due to the fact that one parent had blue eyes and the other had brown eyes. The quality of the blood therefore, was originally of a better character than that of persons who have genuinely brown eyes, but not nearly equal to that of blue-eyed people. Through suppression of the scabies with mercurial salves, a very serious source of deterioration of the blood was laid, from which cancer may originate. Incipient cancer has already begun in the region of the abdomen (17, left).

Remarkable signs at hip and diaphragm, left, as a result of an accident.

The Iris in the middle portion shows inherited organic defects while the outer portions are fine (second class).

ORGAN AREAS

1—Stomach (pains). Intestines (colic).
2—Legs.
3—Kidneys.
4—Urethra.
5—Rectum.
6—Bladder.
7—Back.
8—Throat, Bronchi.
9—Nose, Cheeks, Eyes, Forehead.
10—Brain.
11—Ears, Neck, Clavicle, Armpit.
12—Lungs, Aorta.
13—Chest, Heart.
14—Arms.

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There are open lesions in the spleen, closed defects in chest, left. The large lesion at 13, left, is an intestinal defect. Should thank God that he did not have epilepsy, as a result of a defect in the left side of the brain. Has dizziness now and then. We further note the brain, right; neck, bronchi, lungs, waist, abdomen, knee, back, all in right Iris; rectum, bladder, cheeks, temple, in left Iris. Complains principally of stomach and left side of abdomen.

15—Liver, Spleen, Diaphragm.
16—Hips.
17—Abdomen.
Concentric lines indicate "broken nerves."

Another example of my simple Diagnosis.

Diagnosis from the Eye by Pastor N. Liljequist, 10-7-1907.

Mr. .....

Color: bluish-white, with white snowflakes (xxxxx on Diagnosis),—Arsenic Neurasthenia; white spots on the Sympathetic; a little yellow in area of neck, right; violet blue in area of stomach; instead of light sky-blue.

The isolated lines and the lines surrounding defects as well as xxx are light.

Iris density is ordinary (third class)
ORGAN AREAS
See the first of this series.

General Summary: The constitution is an average or ordinary one, belonging to the third class. Originally the blood was of a good quality. There are no inherited organic defects. As a result of vaccination, arsenical poisoning as well as drug poisoning, the organic defects gradually appeared. The most important are indicated by XXX surrounding the diagram, namely, those in the brain (10-¼, right),—weakness in the sexual center in the brain (Onanism), 10-½, left Iris, (dizziness); 330°, right (the Organ of Will—weak Will). Further we observe the left lung; throat; vocal cords; bronchi; kidneys (uric acid diathesis); bladder; rectum (hemorrhoids); abdomen, right and left; weakness of legs; weakness of back. Intestinal catarrh. Pancreas disease.

The outward evidences indicate that the patient is a very sick man; there is a most obnoxious odor owing to the pancreas ailment.

The treatment must be outlined to strengthen the weakened organism, to check the softening of the brain which has already begun, to prevent the threatening tuberculosis of the lung, to heal the open defects in the stomach, to restore the kidneys, quiet the nerves and instill courage into the despondent patient.

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Diagnosis from the Eye by Pastor N. Liljequist, 7-27-1910. Mrs. B—. (Every young woman should learn something with regard to The Diagnosis from the Eye; there will then not be so much danger of falling into the hands of a syphilitic man, as was the case with this young woman).

Color: light grayish blue (the light gray is mercurial poisoning); with a little yellow (quinine); violet brown in stomach area (iron); with a broad, though not deep scurf rim—a somewhat impaired skin action; instead of light sky-blue.

The isolated lines and the limitations of the defects are light.

General Summary: Originally a good constitution (second class—seventy-five to eighty years), with excellent blood and a beautiful Iris color. No inherited organic defects. Through vaccination and drug poisoning as well as other causes, there are now many lesions. Surrounding the diagram I have indicated the most important organic defects, by means of the xxx marks; namely, those in the region of the stomach, abdomen, left and right, (signs of operation). Uterus and ovaries. Right side of back; rectum (hemorrhoids); right shoulder blade; spleen; diaphragm, left lung (sign of catarrh); chest (pleurisy); brain (gouty headaches due to kidney defects); occiput, right, 10-½, due to sexual disease.

Patient's statements: married while very young, to a syphilitic man. Two children were born, and of these, the nine-year-old daughter is extremely nervous. Acquired the uterine disorder as a result of the husband's disease. In order that no more children might be born the Fallopian tubes were removed by an operation. The appendix has likewise been removed (17, right). Stomach trouble. It also seems as though there

Iris fine (second class)

ORGAN AREAS

1—Stomach (periodic pains). Intestines (a fermenting and "boiling" sensation therein).
2—Legs (pains).
3—Kidneys (has suspected trouble in this region).
4—Uterus (see below).
5—Rectum (bleeding hemorrhoids).
6—Bladder (has had catarrh).
7—Back (injury).
8—Throat, Bronchi (has had coughs).
9—Nose (operated on for polypi). Cheeks, Eyes, Forehead, (headaches).
10—Brain (headaches).
11—Ear (ringing in the right), Neck, Armpit.
12—Lungs (coughs), Aorta.
13—Chest (fluid in left pleura). Heart.
14—Arms.
15—Liver, Spleen (influenza), Diaphragm,

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were a fermenting and "boiling" in the intestines. Has frequently been troubled with cough. Injured the back through a fall. Has had influenza (spleen). Frequent headaches. The most serious symptoms at the present time are the pains in the uterus and left side of the abdomen. This lady, who is only thirty years of age, is now married for the second time.

Ovaries. (see accompanying data).
16—Hips (pains in the left).
17—Abdomen (see below).
Concentric lines indicate "broken" nerves."

The Earliest Diagnoses
(The Xylograph or Wood Cuts)

I have here preserved these plates as historical records to show that the proverb "Rome was not built in one day," also applies to The Diagnosis from the Eye.

Colored Plates

No. I. 2-10-1908.

Color: Mixed color—yellowish-brown in the center; outside of this is a portion resembling light green (mixture of yellow and blue); then arsenic flakes, covered with brown, and at the extreme edge a complete encircling dark scurf rim (sign of impaired skin action); in addition there are three reddish-brown spots (signs of suppressed scabies).

The density of the Iris is fine—(second class).

Summary: With the exception of the numerous nerve rings, the constitution is quite good, and may be included in the second class. The quality of blood is better than those who have genuine brown eyes, but not equal to that of persons who have blue eyes. The patient has had scabies, which was suppressed by external applications (indicated by reddish-brown spots). Here is a very important source of deterioration of the blood. For many years, was exposed to arsenical poisoning. The result of this was the dark scurf rim (a sign of very greatly impaired skin action). The results of this are: 1. defective oxydation of the blood, 2. high blood pressure, with restlessness and nervousness, 3. inflammations (symptom: pains), and catarrh, or disintegration of the internal organs (symptom: general debility).

There are no serious organic defects present. The patient complains of weakness and lassitude in the morning.

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No. II. 11-26-1907.

Color: Grayish-blue with numerous white snowflakes, dark brown in the area of the stomach, a medium scurf rim (somewhat impaired skin action).

The Iris is of ordinary density (third class).

Summary: Generally speaking, this is an ordinary constitution, belonging to the third class, although the stomach is congenitally weak. Has been exposed to arsenical-poisoning with its dangerous after-effects. The color of the Iris (indicating quality of the blood), is still quite good. The largest organic defects are visible to the naked eye: Stomach area; the kidneys; the rectum; the legs; the abdomen, right side; the waist; the pancreas; the chest.

The patient requires treatment for the following: defective skin action, arsenical-poisoning, stomach, intestines, rectum, pancreas, chest, urethra. Attention should also be given the liver in order to prevent diabetes.

The patient complains of the stomach: cannot retain food; complains of constipation and of severe bodily pains (arsenical pain).

The patient relates that the various organs which are involved, and which verified the Diagnosis, are as follows: the trouble in the urethra; gonorrhea; bleeding hemorrhoids; fluid in the right knee; eruption on both limbs; dizziness (see occiput, left); tuberculosis of the bone in right arm, etc.

No. III. 3-20-1908.

Color: Dark grayish-blue, a faint greenish color (yellow plus blue equals green); with considerable yellow (sulphur); many white snowflakes (arsenic); reddish spots (suppressed scabies); some brown in the area of the stomach (iron); broad dark scurf rim (very defective skin action), instead of light sky-blue as it might have been.

The Iris is fine—second class.

Summary. Originally a good constitution (second class) and good quality of blood, excellent Iris color. Then the scabies appeared, which was suppressed, laying the foundation for a fearful blood decomposition. Then exposed to arsenical-poisoning. For the effects hereof see No. I.

The internal trouble has been greatly aggravated by drug poisons. To all of these may be added defects resulting through accidents and injuries.

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Among other remarkable signs of organic defects may be mentioned the connection: 1. between liver and diaphragm; 2. between the Organ of Will, forehead, the eye and the cheek, right; 3. between urethra and bladder (connection of these ailments—the greater organic defects are usually accompanied by minor lesions in the adjacent organs); 4. between the lung and left pleura. We note further the lower part of the back, right.

The patient complains of lassitude (disintegration of the organs); of the stomach; of the entire left side; the legs and back.

In a letter received 5-12-1908 the man writes: "I am pleased to submit the following data with regard to the history of my case: Returning home I asked my eldest sister whether I had scabies on the hands as a child. She remembered quite well that I had had this trouble and that it was so well treated externally that it quickly disappeared. Also, that I had sustained several injuries as the result of accidents; that I fell down stairs twice, from the second story, and once into a well, but was soon drawn out, so that I lay there but a short time before my father came to my assistance."

No. IV. 1909.

One of the parents had brown eyes. The son inherited from his parents a peculiar Iris color, in that half of the left eye is brown.

The constitution is fine, belonging to the second class.

Has had gonorrhea, in connection with bladder trouble, on two occasions. Inflammation of the pleura, left (13). A defect in the abdomen as a result of overlifting.

No. V. 8-15-1907.

Color: Light grayish-blue, with scurf rim (defective skin action); white snowflakes (arsenic); three reddish spots (suppressed scabies); sharp yellow color, with brown, in the center (quinine and iron); instead of light sky-blue.

The Iris is fine—second class density.

Summary: Originally a good constitution, belonging to the second class, with excellent quality of blood. The blood has greatly deteriorated as a result of vaccination, suppression of scabies and arsenical-poisoning. Then, a uterine ailment set in, developing into cancer of the uterus. In the year 1895, this childless woman, not yet twenty-nine years of age, was compelled to have both ovaries and the uterus extirpated. Since then there

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has been a most indescribable suffering; a cancerous tumor developed in the abdomen. The abdomen was laid open four times because of operations. Eventually bowel action became impossible, and the woman died on the 28th of January, 1908, at the age of forty-two years. She was an intelligent and talented woman. Her husband claimed to believe the statements of the surgeons, who said, that had the uterus and ovaries been removed earlier, all would have been well. Six weeks after the death of this lady, her syphilitic husband passed away.

No. VI. 2-4-1908.

Color: Bluish-gray with a not very prominent scurf rim (a fairly good skin action); some yellow, and considerable gray (zinc); instead of light sky-blue.

The Iris is fine—second class density.

Summary: Originally a good constitution and an excellent quality of blood. Then the organism was defiled—see the urethra (gonorrhea), the gonorrheal poison being distributed to the left hip, left leg, the kidneys and other portions of the body.

The patient complains of pains in the left leg, which began three months previously. Then the trouble began in the left hip. Now, the arms have likewise commenced to give him pain. The young man was greatly astonished that I expressed my displeasure over the fact that he had had gonorrhea. He contended that all young men had had the trouble. This is without doubt true as regards the majority of young men in Stockholm. It is extremely seldom that one meets a young man who has not been infected. Whenever I meet an individual who is free from the disease I invariably express my admiration; but until my arrival in Stockholm, I took it for granted that every one so conducted himself as to avoid contagion. In Norrland I had never met more than two persons who had been infected, with the exception of those persons who had been at Upsala as students. In Stockholm, however, it would be a marvel to meet a man who has not been infected with some venereal disease. Dissolute living is taken as a matter of course. Even the physicians maintain that it is injurious to health to live a chaste life.

If these men, infected with venereal disease, only realized the danger of transmitting the disease to their wives! I have seen beautiful young women lose their beauty within a few months after the wedding, and fade for all time, directly due to the above

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mentioned cause. As a result of the husband's earlier dissolute habits, wives suffer frightfully; stubborn leucorrheas, tumors, cancers, which bring in their wake the extirpation of the uterus and ovaries. I have heretofore refrained from expressing myself with regard to this matter, but now I feel that the truth should be shouted from the housetops.

No. VII. 3-21-1908.

Color: Gray (salicylic acid) and bluish-green (the original blue color and yellow); with a few white snowflakes (arsenic); yellowish-brown (iron and quinine), in the area of the stomach; light grayish-yellow on the Sympathetic (quinine); mercurial sheen distributed here and there, though the mercurial ring has not as yet become fixed.

The Iris is fine—second class density.

Summary: Originally a good constitution and good quality of blood. As a result of exposure to cold and the consequent acute articular rheumatism, through syphilis, and drug poisons, the organism is now seriously impaired. There are significant signs in the area of the brain at 10, between 0° and 330°, right. A rupture of a small blood vessel in the base of this area would produce left-sided paralysis. There is an impeded heart action because of the excess of uric acid in the blood, producing a heavy colloid consistency of the blood, and overworking the heart. The ringing in the ears is likewise due to the uric acid diathesis.

In his occupation as sheriff he has been exposed to considerable physical violence, which explains the signs in the chest, to the left, and in the area of the abdomen, to the right. Has been operated upon in the left side of the nose.

No. VIII. 5-25-1902.

Color: Pale grayish-blue with a metallic sheen (mercury); yellowish-brown and dark yellowish-brown in the area of the stomach; instead of light sky-blue.

The Iris is fine—second class density.

Summary: Originally a good constitution of the second class, and the color (quality of the blood), was likewise good. The organism has become seriously impaired through drug poisons, and especially by mercury.

There are no immediately dangerous organic lesions. The largest and most pronounced organic defects are: displacement

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of the small intestines, right Iris, (a); left ovary and abdomen; the bladder (inflammation); the temples; the eyes (cataract); catarrh (weakness) in the sexual center of the brain (hysteria).

Requires treatment for: stomach, intestines, kidneys, ears, eyes, abdomen, mercurial and other poisoning, disintegration and decomposition in various organs, followed by weakness and lassitude.

The patient complains chiefly of: tired feeling, always weak, though never really ill; headaches and depression of spirits (mercury), the eyes (cataract), bladder, and hysteria.

No. IX. 8-20-1907.

Color: The mixed color; brown in the center, and the outer portion is a light grayish-blue, with traces of green; with numerous reddish-brown spots (suppressed scabies); medium scurf rim (somewhat defective skin action).

The density of the Iris is between the second and third classes.

Summary: A constitution between the second and third classes. The blood has greatly deteriorated, particularly because of the suppression of the scabies.

The largest organic lesions are visible to the naked eye: the liver; right leg; the abdomen, right; the right chest; the occiput, left (dizziness sign); the left ovary; the abdomen, left.

The patient relates: was quite strong and healthy in his youth, although troubled with pains in the limbs. Had trouble the previous Spring, in the region of the right leg, right chest and pleura. Has had varicose veins in the right leg, and hemorrhoids, for the past ten years. (See the large liver lesion). When the liver is congested it causes a mechanical pressure which hinders the return flow of blood from the lower extremities and the lower abdomen, producing varicose veins and hemorrhoids. For that reason, hemorrhoids and varicose veins are treated by prescribing liver remedies). Periodically, there is a momentary numb pain in the region of the liver. Other symptoms are, lassitude and nervousness (due to scurf rim).

No. X. 2-17-1908.

Color: A gray-bluish-green color, with numerous reddish spots (suppressed scabies); yellow and yellowish-brown; quantities of white snowflakes (arsenic); gray (zinc); instead of light sky-blue.

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For the most part, the Iris is fine—second class density.

Summary: the most remarkable sign is the connection between the vagina, the urethra, the right kidney, and the bladder (was infected with a venereal disease by her husband, and treated medically, with the result as shown by the Diagnosis, although the physician believed that he had really cured the trouble). We further observe: the left breast (mammary gland operatively removed 11 years previously), the forehead and temple, left. At the age of two, a heavy board fell on her, which may have caused the injury to the forehead—and presumably to the nose, right side. Has had pains in the upper left arm, in the brain, in the limbs, abdomen and rectum.

Now complains of the stomach; the abdomen, alternating constipation and diarrhea; the right leg, particularly the knee, and the brain; lassitude.

No. XI. 8-28-1907.

Color: The mixed color, brown in the middle, bluish-gray in the outer part with a trace of green. There is also some yellow mixed in with the brown color in the middle; further there is a reddish-brown shading (iodine and iron); reddish-brown spots (suppressed scabies); some mercury in the upper part of the Iris. In short: a very poor color—defective quality of blood.

The Iris is fine—second class density.

Originally a good constitution; the color of Iris was likewise better than that of the brown-eyed individuals, but not equal to the blue-eyed.

Just as I am occupied with copying this Diagnosis from my journal, I note an article in the newspaper "Vårt Land" entitled, "A Few Incidents of the Time of Oscar I.," and which is an account by a woman who then was in the prime of her beauty. "At that time it was considered among young people, a mark of the highest distinction to be dark. Blondes were not at all beautiful; blue eyes were so expressionless, and had it only been possible, a blonde would have caused her complexion to be changed to the darkest brunette hue—simply because the royal pair were dark as southern Europeans." I presume that the author of this opus also belongs to these discontented blondes. But I believe, however, that if she had read my works she would praise the Lord because she is a blonde. She should realize that "the noblest work

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of God" is the blue-eyed and golden-haired Germanic race—that blue eyes and golden hair are something so fine, so beautiful, that they surpass in its glory even the royal purple.

The brunettes have been complimented and praised because of the warmth of their natures and the expression of their eyes, whereas the blue-eyed and golden-haired are supposed to be cold, with expressionless eyes. With regard to the warmth of the brown-eyed and black-haired individuals, this is nothing to be particularly desired, inasmuch as it is due to nervousness and hysteria. All brown-eyed persons have "broken" nerves, and suffer more or less with hysteria, and God save us from hysterical people! Therefore: be on guard with regard to the brown-eyed individuals.

It is to be deplored that the genuine Germanic men and women are so seldom seen at the present day, due in part to their marriage with brunettes, and partly, to the destructive vaccination. Vaccination brings in its wake a dark scurf rim, excessive moisture of the skin, defective skin action, and this exerts an injurious influence on the hair, so that blonde hair darkens more and more.

Oh, what crimes may be laid at the door of vaccination!

It would be appropriate to again be reminded of them:

1. The generally prevalent self-abuse—even among women.
2. Sexual perversity.
3. The enormous increase of tuberculosis.

Now, it may be that someone may remark: "Assuming that vaccination is destructive in its effects, we have nevertheless escaped the dreadful smallpox." My reply is to the effect that the great epidemics of small-pox had ceased before vaccination became general in our country. Even the physicians have no faith in the preventive properties of vaccination. A number of years ago when small-pox was present in Celle, a person who had been near a small-pox patient, was hounded like a criminal, by the sheriff and the police, for fear he might spread smallpox among those who had been vaccinated. Here, the physicians might reply: "Yes, we hounded him like a common criminal for fear that he might spread the disease among the vaccinated people, for we know that vaccination is no longer effective after ten years, and inasmuch as revaccination is not practiced to any great extent in this country, we must protect vaccinated individuals from contagion, by isolation of smallpox patients, and of such persons who may have come in contact with them." Now, I would ask:

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Would it not likewise be possible to protect those who have not been vaccinated, solely through isolation of smallpox patients? —and eventually become free from the destructive after-effects of vaccination: onanism, sexual perversity, hysteria, the enormous increase of tuberculosis, the degeneration of the entire people, the destruction and extermination of the Germanic race, the general physical and mental debility, and, as a result thereof, the use of so many drug poisons, which in turn give rise to the abuse of coffee, tea, tobacco, alcohol, substances which may for a time cause one to forget the obnoxious effects of the poisonous drugs.

Resuming the discussion of our Diagnosis, we recall that there was a good constitution, but the Iris color was not that of the first class, though better than that of the brown-eyed. In her childhood she had had scabies, which was treated with mercurial ointment, thus opening a source of serious degeneration of the blood.

While she was born without organic defects, she now has quite a number of them, such as those in stomach, intestines, kidneys, bladder, upper lobe of the right lung, left side of chest, legs, abdomen and spleen.

Patient complains of the intestines, with eructations, and oppression under the stomach, the legs; weakness of chest; lassitude.

No. XII. 8-30-1907.

Color: Grayish-blue with signs of "artificial" inflammation, (zinc); a few white snowflakes (arsenic); a small red spot in brain area (suppressed scabies); a reddish-brown shading (iodine); pale grayish-brown (iron in stomach area); instead of light sky-blue.

The Iris is fine—second class density.

Originally a good constitution. Born without organic defects, and the quality of blood was originally good. The latter has greatly degenerated through suppression of scabies, through iron, quinine, iodine, zinc, and other drug poisons.

The largest organic defects are visible to the naked eye; stomach; intestines; legs; kidneys; urethra (gonorrhea); bladder; back, and throat, right; right side of face and nose; neck, and clavicle, left (accidental injury); diaphragm, left; spleen.

The open defects requiring treatment are: urethra (for the

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gonorrhea); kidneys and bladder (albumin and blood in urine); the back; the intestines; the abdomen, left.

Supplement I.

Iridology and the Swedish Authorities

The manner in which one of the most significant discoveries that has ever been made, meaning The Diagnosis from the Eye, has been received in Sweden, by official circles, is attested by the following interlude.

This is the complaint of Magistrate Gustaf Tengvall, at Örnsköldsvik, sent to the Provincial Justice at Hernösand, and is as follows:

"It has come to my knowledge that N. Liljequist, the ministerial appointee at Anundsjö, has conducted himself in a manner, which, perhaps may not be considered fraudulent, but nevertheless, tends to impose upon the public, and fosters blind faith and superstition; that he treats patients, after having examined their eyes by means of a magnifying glass, by this method pretending to determine the nature of their ailments; that he furthermore supplies them with remedies, consisting chiefly of a so-called arcana, or occult healing properties.

"This has, moreover, gained such repute that people from nearby towns and distant cities come in droves, to consult the miracle worker. As I consider such a condition to be inimical to the general welfare and public safety, I have, acting on the basis of Section 4, of the Statutes, deemed it my duty to bring it to the attention of the local authorities, that through the chief provincial physician, or other competent authority, you may conduct an investigation, and take legal action against the aforesaid N. Liljequist, in accordance with the circumstances that may be brought to light.

"Office of the Magistrate, Örnsköldsvik, February 23, 1893."

Under a penalty of a fine of fifteen kronor, I was ordered by the Provincial Justice of Hernösand to render an explanation with regard to the above report, not later than eight days thereafter. Here it is:

"In accordance with the demand of the Provincial Justice of Hernösand, for an explanation of the complaint of Magistrate G. Tengvall, of Örnsköldsvik, concerning my Diagnosis from the

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Eye, conducted with the aid of a magnifying glass, which, according to him, while certainly not a fraudulent proceeding, nevertheless, serves to foster blind faith and superstition, and tends to impose on the public; my alleged treatment of patients; my alleged procuring of remedies, and the droves of people who come to me from near and far, I render the following explanation:

"The Diagnosis from the Eye is a discovery of a Hungarian medical physician, Ignaz Peczeley, and which has won recognition abroad, both from physicians and philosophers. It is the art of the practical application, and the theoretical development of this wonderful discovery, which, with the aid of the author's own work, printed at Budapesth, I am practising, and working for.

"That Magistrate Tengvall has looked upon my conduct in this respect as a matter, which, while not directly fraudulent, yet tends to foster blind faith and superstition, is because he evidently is not acquainted with the circumstances, nor how an Eye Diagnosis is made, wherefor I attach as a supplement, two copies of studies in The Diagnosis from the Eye, which, may it please the Court, are respectfully submitted. From these studies may be seen that the subjective section corresponds to the objective, and if it should occur in a few other cases that the person examined is unable to verify all the minor details of the Diagnosis, I do not attempt to persuade him of the reality of these points, but I merely make a notation, as follows: "Knows nothing," "Does not remember," "Has no symptoms of this."

"That the magnifying glass is used, is correct. It magnifies the Iris four times.

"That there is any danger of imposing upon the public, fostering blind faith and superstition, is so much the less to be feared inasmuch as the majority of people who consult me are educated and cultured individuals, who desire to participate in the benefits of The Diagnosis from the Eye, and who are quite able to discriminate between a scientific discovery and superstition.

"My alleged treatment of patients is limited to one single instance, wherein I deemed it my duty as a christian to intervene. A woman, who had been treated by a regular physician without any favorable results whatsoever, was advised by him to be operated upon at the hospital at Sollefteå, but, as she was advised by telegram that there was no room for her at the hospital, and the woman was in a dying condition, I considered it incumbent upon me to help her; and the treatment resulted successfully.

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"With regard to the allegation that I procure remedies for patients, this is not strictly in accord with the facts, for it is well known that each and every person provides his own remedies. My activities in this connection are limited; in part, to my relating to the patient, that, after I had been treated by allopathic physicians for over seventeen years, with the result that the physician had the effrontery to request, in the expectation of my early demise, that I bequeath him my spleen for preservation in alcohol as a demonstration specimen; and that I was saved from a premature death principally by homeopathic remedies (Homeopathy should be generally quite well known, as such an official and reputable newspaper as "Vårt Land" has printed articles favorable to Homeopathy, and there are in foreign countries, homeopathic physicians as well as professors in the science); furthermore, I recommend, elucidate and explain scientific works on Electro-Homeopathy, of which there are to be found a great number in foreign languages, and there is also an excellent work translated into Swedish, entitled: "Electro-Homeopathic Home Remedies," by Clerc, of which the second edition has recently been published, and furthermore, I have delivered numerous well-attended private lectures on the subject of hygiene.

"The title 'miracle worker,' which Magistrate Tengvall has been pleased to call me, I can scarcely accept, in view of the foregoing. If any 'miracle' has occurred, it must be ascribed to the excellent remedies which have been used, together with the intelligence and diligence of the patient in the use of them.

"As regards 'the great droves of people that have come from near and far,' I may also add, from Stockholm and Enköping, I frankly admit that this is correct, but not one-tenth of these individuals have had an opportunity of consulting me, as it would take too much of my time; only when there is a prospect of broadening my study of The Diagnosis from the Eye, for the benefit of my individual scientific researches, or in such case, for instance, where three physicians may have diagnosed a patient, all of which diagnoses were opposed to each other, have I made a Diagnosis. Occasionally, however, in certain touching circumstances, and in response to one in the most heart-rending extremity, or to a most appealing letter, have my doors been opened.

"It is with great pleasure that I have submitted this explanation, having thus been given an opportunity to testify for a great

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and glorious cause, which will redound to the untold benefit of humanity.

"Four supplements are herewith attached.

"Anundsjö, March 3, 1893.

Nils Liljequist,
Pastoral Appointee,
Phil. and Theol. Cand."

That the world may be assured that there was not a typographical error with reference to the date and year, and in order that no one may misconstrue the date of the charge as being1693—that era of ignorance—I would emphasize that the incident really took place during the year eighteen hundred ninety-three.

The immediate consequences of this report was that the Royal Medical Board ordered a chemical examination of the Mattei remedies. This was quite in order, for even in Germany, it has been the custom to analyze all secret remedies, afterward publishing the analysis, and the public was then privileged to purchase the remedies if they so chose. Possibly the examination by the Royal Medical Board was undertaken in the same spirit of good will; to enlighten the public and then permit the people to purchase whatever they may believe is best for their health. This would have been a humanitarian act. Nevertheless, in spite of the fact that the chemical analysis showed that the Mattei remedies contained merely "sugar, starch and water," and notwithstanding that the Royal Medical Board was humane enough to explain that these remedies were not medicinal preparations (if one may believe the newspapers), the Customs Office at Malmö was so zealous as to detain the remedies, inasmuch as the Customs Examination found them to be pharmacal goods. Does the Royal Medical Board exercise so little authority, or are the customs authorities better informed with regard to what is medicine and what is not? This certainly appears to me to be an inconsistency.

If the Medical Board declared the Mattei remedies to be non-medical preparations, anyone should be permitted to import the "sugar globules" through the Customs Bureau of the Kingdom. And, if the Royal Medical Board had heard the weeping and wailing which arose in Norrland, as a result of the arbitrary action of the customs authorities, I am convinced that the Medical Board, in its goodness of heart, would have taken steps to do away with the inconsistency, and would have allowed the homeopaths to import their invaluable sugar globules, unmolested. Instead, the

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poor Norrlanders must now journey to Copenhagen, where the Royal Pharmacy (Olof Torp), Store Kongensgade 25, is not afraid to sell the Mattei remedies. Among all the civilized and uncivilized peoples, it is only the pharmacists of Sweden who refuse to sell the Mattei remedies. Great is the power of prejudice!

Then certain newspapers began to print articles to the effect that some action should be taken in order that thousands of kronor should not be permitted to be sent to Italy every year, for the purchase of foreign medicine. Very considerate of them! However, one should not rely too much on the newspapers; least of all should one demand that they be logical, as logic is not to be found in their dictionary. Newspapers are nothing more than weather-cocks that show in which direction the winds of public opinion blow, in this or that community. We must also overlook the fact that they are not informed of everything, otherwise they would certainly know that long ere this, enormous sums of money are sent abroad for the purchase of allopathic drugs. They certainly do not think that quinine, iodine, antifebrine, digitalin, Koch's Lymph, etc., are "cultivated" in our own country. In Norway may be found laboratories for the preparation of iodine; in Germany are great factories for the manufacture of other allopathic drug poisons.

But homeopathic remedies are so very much cheaper than the allopathic, that if homeopathic remedies exclusively were used in Sweden, there would be much smaller sums of money sent abroad for these medicines, than is now the case with regard to the purchase of allopathic drugs. If the newspapers had been consistent, they would have promoted Homeopathy and thus aided in cutting down the expense for medicine, in Sweden. Homeopathy is, primarily, for our poverty-stricken people, a coming source of blessing, in every respect.

The result of this zealous complaint of the Magistrate, in behalf of the public safety and welfare, was that I received a court summons, wherein I was charged with "having practised medicine, in spite of being absolutely ignorant with regard to the medical sciences, during a period of the last two years," and made myself "liable to quackery; also, that through the beforementioned methods of procedure, have imposed upon the public, and thus withheld patients from treatment based on a scientific foundation." The contents hereof afforded me genuine surprise and no little amusement.

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First and foremost, I was informed that I was "absolutely ignorant with regard to the medical sciences;" this, I did not know before. However, I well understand the "official" logic on which such an assertion is based: inasmuch as I had not taken any academic examinations in the medical sciences, I must, of course, be absolutely ignorant of these sciences. I then thought of the great Herschel, and considered him very fortunate indeed, in that he did not happen to live during the latter part of the learned nineteenth century. For, had he lived in the Province of West Norrland, where Gustaf Ryding was the Governor, he would have been labeled as absolutely ignorant of astronomical science, inasmuch as he was essentially a sexton, and music director, and had never taken any academic examinations in astronomy. Hence, that for which one holds no Certificate or Diploma, does not exist —such is the official logic.

Further, "during the past two years, has practised medicine." Well, with regard to the woman whom I mentioned was at death's door, I frankly admit that I saved her life; this is the truth; it is certainly a very small "practise," but yet it was something. However, it was a great mistake to think that this practise required two years. My only work during the past two years had been to study their eyes, with the aid of a magnifying lens. Meanwhile, physicians in general may take consolation from the above official statement: it should be very comforting to them to know that in accordance with the official terminology, a practising physician is justified in talking about his "practice" even if he has but one patient every two years.

And thus "made myself liable to quackery." So? On the contrary, had I been a quack, and had I treated the woman with mercurial ointments, or, had I been a regular practitioner, and prescribed arsenic, mercury, iodine, quinine, nux vomica, or other pharmacal drugs, I should have been the first to consider such a method of procedure as worthy of punishment. But, inasmuch as I had always warned against mercurial ointments, and quack medicine of all kinds, it would seem to be more logical had I been arraigned for—rooting out quackery; and recompensed therefor.

"Also, that through this method of procedure, has imposed on the public." It is not an easy matter to guess what the honorable author of this charge means by these statements. For my "medical practice" and my "quackery," in the cure of the woman before-mentioned, certainly could not have imposed on the public

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in any way? On the contrary, had the public learned of this case, people would merely have thought: "Homeopathic medicine must be decidedly very beneficial!" This being a fact, the public certainly could not have been imposed upon. Or, possibly the expression "imposed upon the public" is equivalent to saying that I have disseminated certain medical theories which are contrary to truth? But what is Truth in medicine? To my knowledge, the authorities have not yet published any "medical bible" in which the Swedish people are obliged to believe, and as long as such a norm is not to be found, it cannot be considered that my theories are fallacies, merely because they are new, but, on the contrary, they enlighten the public with regard to the newest researches in the medical sciences. Or possibly the above expression would be another way of expressing the Magistrate's ideas with reference to "blind faith and superstition"? Hmph, hmph! I would not wish to entertain so low an estimation of the worthy authorities, but, if that is the case, I have now published this book for the purpose of enlightening humanity, and particularly the newspapers, with regard to The Diagnosis from the Eye, and Homeopathy, so that all the "unlearned" may realize that everything in this realm transpires in a *natural* manner, and on that account, moreover, I have written this book in as popular a style and in as simple a diction as is possible with a scientific work.

"And withheld patients from treatment based on scientific grounds." Oh, no! The facts are quite the reverse, in that all those patients who have come to me have had quite enough of the regular physicians' "help." Only after they had lost confidence in their doctors' pretended art of healing, have the patients turned to me for assistance. Every one of these has vainly sought help from at least two physicians—often more—and one, in particular, had consulted fifty-seven (57) physicians. They have afterward come to me, when already too late, to learn if there was any help for their case. With one foot in the grave, they have come to me, and said: "Examine me; I know that I am sick unto death, but I would greatly desire to know what disease I am suffering from, for the doctors I have consulted have not understood my trouble." Such have been their expressions.

That the author of these charges considers the allopathic medical treatment as the only method "based on scientific grounds," is a matter of little surprise to me, inasmuch as such individuals

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have limited their studies to jurisprudence. They are, moreover, according to the official logic, absolutely ignorant as regards the medical sciences; they are not expected to know that in civilized countries may be found another method of treatment, i. e., the homeopathic, based on a better scientific foundation. It is the aim and purpose of Homeopathy, that each and every one shall learn to understand his own condition, and to care for his own health; therefore, I have refrained from treating patients. Even the physicians, themselves, originally were not intended for such an occupation, but, instead, were supposed to be "Doctores Medicinae"—Teachers in Medicine! And they have certainly degenerated from the standard set by Hippocrates "The Father of Medicine," for he, the first physician, gave his patients the same advice as does Homeopathy today: "Be your own physician!"

After three years of court proceedings, the result was, that I was honorably acquitted by the Supreme Court, as well as by the Provincial Court, and the State Treasury was compelled to pay the public court costs. Naturally there was considerable gnashing of teeth among the physicians, as well as among the pharmacists, and one druggist verbally expressed the opinion of the entire pack, when he said, "If only someone had shot that devil ten years ago, all would now have been well; but it is now too late." My dear druggist, it would be well to be discreet, for, if God has given anyone a mission to fulfill, or a work to accomplish, he is "invulnerable," as the saying is; shot and shell are powerless to harm him; nay, not even drug poisons, despite the fact that they kill more people than war, pestilence and famine, combined, can launch him into eternity, before he has completed his work.

Supplement II.

Criticisms

I once expressed the hope that laymen—those who have not discovered The Diagnosis from the Eye, would not attempt to promulgate the science by any literary efforts of their own, as they would thus do the cause more harm than good. My hopes in this respect have been doomed to disappointment, for laymen, such as Anderschou, Müller, Thiel, and Felke, have appeared on the horizon, as authors of text-books on The Diagnosis from the Eye,

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or, at least, have allowed their names to appear as such, and what I have feared, has come to pass.

Pastor Felke has woefully compromised The Diagnosis from the Eye. The circumstances in that connection are as follows: Felke had taken under treatment a baker's apprentice, and treated him for liver trouble, but the young man died of appendicitis. Felke was arrested, but instead of frankly acknowledging that he had made a mistake in his diagnosis, he began to defend the infallibility of The Diagnosis from the Eye, and stoutly contended that the deceased had suffered with liver trouble. As soon as I heard of this, I realized that The Diagnosis from the Eye had been dragged in the dust; furthermore, I realized that Felke was no Diagnostician, otherwise it would have been impossible for him to make such a mistake, for there is a difference of fully 40° between the respective areas in the Iris, of the liver and the appendix.

Shortly afterward there appeared in all the Swedish newspapers an article entitled: "Ögondiagnosen Humbug," "The Eye Diagnosis Humbug," by Professor Th. Thunberg, of Lund, in which article the Felke scandal was cited. Also, in Germany, in 1910, there appeared a book, entitled "Augendiagnose und Kurpfuschertum mit besonderer Berücksichtigung des Kurpfuscherprocess gegen den "Lempastor" Felke." ("The Diagnosis from the Eye and Quackery, with special reference to the Malpractice proceedings against the 'Clay-Pack-Pastor' Felke.") The author of the book is Dr. S. Seeligman, Eye Specialist, at Hamburg, and the volume is published by Hermann Barsdorf, Berlin, W. 30.

Because of what Felke had done, pretending that he was an Eye Diagnostician, did not tend to make things very pleasant for me. Alas! he has done the cause of The Diagnosis from the Eye immeasurable harm.

I did all that I could to counteract the unfavorable situation, and, in my magazine Tidskrift för Ögondiagnos och Elektro-Homeopati, I explained the true state of affairs, and sent the periodical to all the newspaper editors throughout Sweden. In bold type, there was printed on the title page of my magazine, a challenge to Professor Thunberg, of Lund, of whom the partisan "Lunds Dagblad," has said, "Thunberg is the sworn enemy of The Diagnosis from the Eye." The challenge is as follows: "Challenge to Professor Thunberg of Lund. Inasmuch as you, Herr Professor, have asserted that you have exposed the fraudulence

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of The Diagnosis from the Eye, I challenge you as follows: Under the strictest surveillance, an experiment shall be conducted with quinine-sulphate and iodine, to prove whether these drug poisons produce, as I have maintained, a discoloration of the Iris, and further, whether these drugs cause the serious diseases that I have described in "The Diagnosis from the Eye." If it be proven by these experiments that these statements of mine are false, I will publicly acknowledge that The Diagnosis from the Eye is false. If you do not accept my challenge, I will consider that you are afraid of the truth."

As the Professor did not at once take up the gauntlet, I again published the challenge, in No. 9, 1910, of my magazine. To date there has been no answer from the Herr Professor. In any event my challenge has at least closed the mouth of Professor Thunberg.

Another scholastic physician, Gunnar Gibson, of Sandviken, has recently had the temerity to label The Diagnosis from the Eye (one of the greatest discoveries in the world) as a humbug. May his name hereby be made imperishable!

With regard to Seeligman's book, I received advice of its existence through a postal card from Dr. Med. Hj. Sellden, of Göteborg, together with the brief "review," "The greatest pecorale I have ever read." I can subscribe to that statement. The truth, however, in Dr. Seeligman's book, is his assertion that, between myself, as the Discoverer of The Diagnosis from the Eye, and the above mentioned writers on the subject, there are glaring contradictions with regard to a number of organ areas. This contradiction, unfortunately, exists, and is due, in part, to the free speculations of of these gentlemen, and in part, to their being led astray by the exposition of the subject by the Homeopatisches Monatsblätter of the year 1886.

Hence, the authors of any treatise on The Diagnosis from the Eye should verify and correct their statements in accordance with my own books, the original and standard works on this subject.

Supplement III.

Practical Advice

I condemn:

1. All sterilized foods and drinks, including milk, meat, beer, alcohol-free wines, "temperance drinks," and similar beverages.

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Through sterilization, albumin is rendered sterile, and, consequently is indigestible.[1]

2. Oleomargarine, cocoa butter, palmitine, and similar artificial butters.

3. Lahmann's Vegetable Milk.

4. Colored, or dyed, bon bons, confections, and marmalades; sterilized fruit, put up in tins or glass jars.

5. Refined sugar, processed with ultramarine blue.

6. All antiseptic toilet preparations.

7. All foods and confections packed in tinfoil.

8. Wines and grapes from vines sprayed with copper-sulphate.

9. Tricot-underwear; inasmuch as this form of clothing hugs the body too closely, preventing air from coming in contact with the skin; hence, Jäger's, Thomalla's, and Ringheim's tricot-underwear; further, all colored, or dyed, underwear. The best form of underwear is that made of pure linen, and woven, not knitted.

10. The abuse of coffee, tea, chocolate, tobacco and alcoholic beverages.

11. Julius Hensel's Remedies. During two periods of my life I had thoroughly tested them and found them wanting.

12. Malt Coffee, and similar preparations.

Finis.

[1] Send for information with regard to works on Rational Therapeutics. —The Publishers.

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IRIDOLOGY

The Diagnosis from the Iris of the Eye

The Value of a Correct Diagnosis Cannot be Overestimated

It is commonly known that diagnosis by the usual methods is unsatisfactory and unreliable. Dr. Cabot of Boston corroborates this when he states, that of three thousand diagnoses, the post-mortem examination showed that not more than about 50 per cent were correct.

In chronic cases a correct diagnosis is an indispensable factor, but by the ordinary methods it is rendered very difficult owing to the fact that the symptoms of the "chronic" are unreliable and are no criterion as to causes. The Diagnosis from the Eye is the only adequate diagnosis in chronic cases.

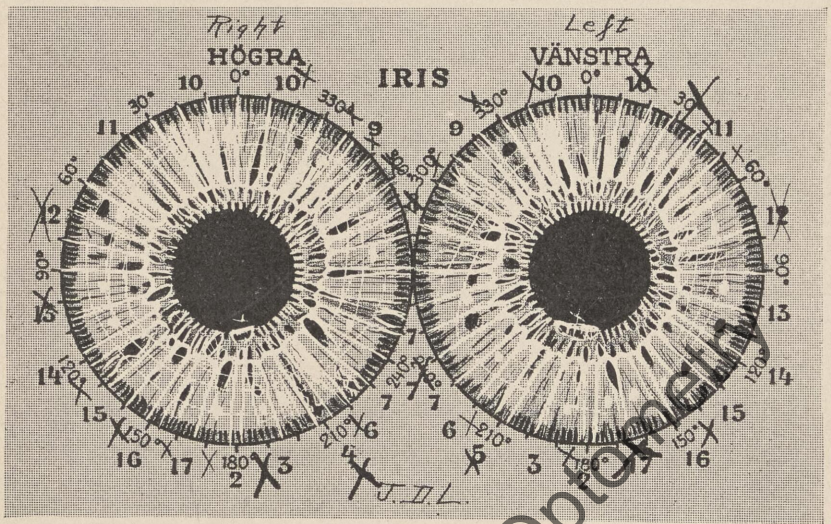
Dr. Harry Ellington Brook, Editor of "Brain and Brawn," and for many years the editor of the "Care of the Body Department" of the Los Angeles Times, in speaking of this method of Diagnosis, has said "I have often wondered that so little attention has been paid to this most important feature of the healing art. It is surely about time that the gross ignorance on this subject of those engaged in caring for men's bodies should be dispelled."

Scope of The Diagnosis from the Eye

The Iris of the Eye is a "signal board." Every organ and part of the body is represented in a well-defined area or field in the Iris. The various spots, shadings, markings, discolorations and defects on the surface of the Iris denote stages of abnormal conditions within the body, and there is ascertained:

Hereditary Tendencies; Condition of the Blood; Class of Constitution—Recuperative Power, Vital Resistance; Organic Lesions—Active or Latent; Effects of Accidents or Injuries; Effects of Poisonous Drugs.

The aggregate of the foregoing portrays the patient's life history.



The accompanying cut is a reproduction of an engraved Diagnosis, and illustrates Nature's record in the Iris. This Diagnosis and the engraving thereof was made at the **Fountain Head of Iridology in America**

The American School of Iridology

The Diagnostician at this institution is the only accredited representative in America, of the founder and discoverer of The Diagnosis from the Eye—Nils Liljequist of Stockholm, Sweden. Dr. Liljequist visited America during 1914-15, under our auspices, and the diagnoses at this institution are made in accordance with his original and unique methods. **We make Diagnoses a Specialty.** We are opposed to superficial work, hence, we make but one Diagnosis a day.

An engraving is produced of each Diagnosis made and this engraving becomes the property of the patient. There is also submitted a black-and-white drawing, a typewritten synopsis of the Diagnosis; and a specific regime is outlined to exactly meet the requirements of each individual case.

Every Department of Life Is Taken Into Account

On the basis of this special Diagnosis as above described, we outline the regime. The education of the patient, we deem of supreme importance, and with this system the patient learns to understand his own individual case and is also able to check the progress that is being made. It is only in this manner that we can intelligently co-operate with Nature to overcome all abnormal conditions. It is essential that every department of life be treated; in other words, "the whole man" must be given consideration.

This Method Positively Individualizes Treatment

There are no two persons exactly alike; hence, the regime must be distinct and specific, to include instruction as to: **Diet, Clothing, Bathing, Exercise, Environment, Labor and Rest, Mental Attitude or the Psychology of the case, and the use of non-drug remedies.**

This Is the Most Complete, Accurate and Comprehensive Method of Diagnosis and Treatment Known to Science

For further information write to

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There is a growing demand for Competent Iridologists. Enroll early. It is our aim to graduate only those who will be a credit to the Science.

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We are prepared to furnish:

Lenses (Dr. Liljequist's exclusive design).

A set of three special lenses is used.

Genuine Morocco Case for Lenses—Made expressly for our use. These are lined with silk and plush.

Card Board—For Engravings—Specially Prepared.

Steel Pointed Gravers.

Stylographic Copy Books.

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Headquarters for Authentic Literature Based on The Diagnosis from the Eye

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"Be your own Physician"—Hippocrates.

Send for Information Concerning Works on Rational Therapeutics Based on The Diagnosis from the Eye

How Disease is Healed.
How Acute Disease Arises.
Epidemics Scientifically Explained.
How Chronic Diseases Arise—Treatment.

Comparative Therapeutics

"Nature knows no pause in progress and development and attaches her curse on all inaction."—Goethe.

IRIDOLOGY PUBLISHING COMPANY
Rockford, Illinois

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Three Score and Ten

In trying to increase the span of life scientists have for centuries endeavored to find the underlying causes of those ailments which lead to premature old age. Metchnikoff's discoveries along this line are well known to the scientific world. He demonstrated that the great majority of these so-called ailments consisted in a condition —and that this condition could be, to a great extent, counteracted by the use of a food substance containing a powerful lactic acid.

Professor Metchnikoff studied the life of the Bulgarian mountaineers, many of whom live to the age of one hundred years and more. He observed that one of their chief articles of diet was a certain form of fermented milk. Analysis of this milk led to the discovery of the "Maya Bacillus" or "Bacillus Bulgaricus"—a most powerful lactic acid ferment. Bulgarian Fermented Milk proved to be the most energetic enemy of the harmful intestinal bacteria which are known to be the accompaniment of intestinal trouble.

Long before Metchnikoff made his investigations, Dr. Liljequist had discovered this special fermented milk, had appreciated its value, and had prescribed it for his patients, particularly for those who were suffering with Bright's Disease and other kidney disorders, rheumatism and gout, diabetes, appendicitis, intestinal trouble, dyspepsia and constipation.

To make a long story short, this highly beneficial and corrective food element is now within reach of everyone. By the use of

Mayalac

as a "starter," ordinary milk is easily converted into the fermented form used by the Bulgarians and now used in sanitariums and prescribed by many physicians in this country. Mayalac is a pure, high-grade, scientifically prepared "culture" of fermented milk prepared exactly after the manner of the Bulgarians. It comes in a liquid form, hermetically sealed in glass vials, ready to use. Anyone can use it successfully as we send complete directions.

Mayalac is not a drug; not a medicine. It is the basis of a food product having corrective elements. All who suffer with indigestion, autointoxication and intestinal disorders will be benefited by the use of Mayalac. Even those who are apparently in perfect health can avoid future ailments by the use of Mayalac-prepared milk. It is a palatable and delicious food.

Dates eaten with Mayalac are beneficial, as the date sugar supplies the most favorable medium for the development of the Bulgarian Bacillus. If any sweetening is desired, use a good quality of dates. Pure maple sugar, is also a good form of sweet.

By subscribing to Mayalac Service you will receive a vial of Mayalac starter twice every week, each vial being sufficient to prepare two to three quarts of the fermented milk. The price is $3.00 a month, payable in advance. Subscriptions for less than one month are not accepted; a shorter period is not sufficient to give the treatment a fair test. Samples, fifty cents each.

Write for a free copy of our booklet "Three Score and Ten." If you value better health, greater efficiency and longer life, you will appreciate what the Mayalac book tells you.

The Mayalac Laboratory
Rockford, Illinois

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